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ABSTRACT

A project which attempted to answer the question whether pregnant women from the inner city would attend prenatal classes is discussed. Specific purposes of the project were: (1) to find a way to obtain and retain attendance at prenatal classes of expectant mothers who live in low socioeconomic urban areas, (2) to identify factors affecting their attendance at the classes, and (3) to provide comparative data on the expectant mothers who attended the classes and on others from the same area who knew about the classes but did not attend. A series of prenatal classes was developed, consisting of seven classes to be held at weekly intervals. Each class lasted approximately one and a half hours. Interviews were conducted with all expectant mothers who attended the classes to obtain health and socioeconomic information. Findings of the project include: (1) Expectant mothers who live in lower socioeconomic urban areas will attend prenatal classes; (2) The most desirable site for the classes proved to be a hospital located near the mothers' homes, and the best time to hold meetings was in the evening; and (3) Health practices of expectant mothers who attended the classes were better than those of expectant mothers who did not attend. (Author/CK)

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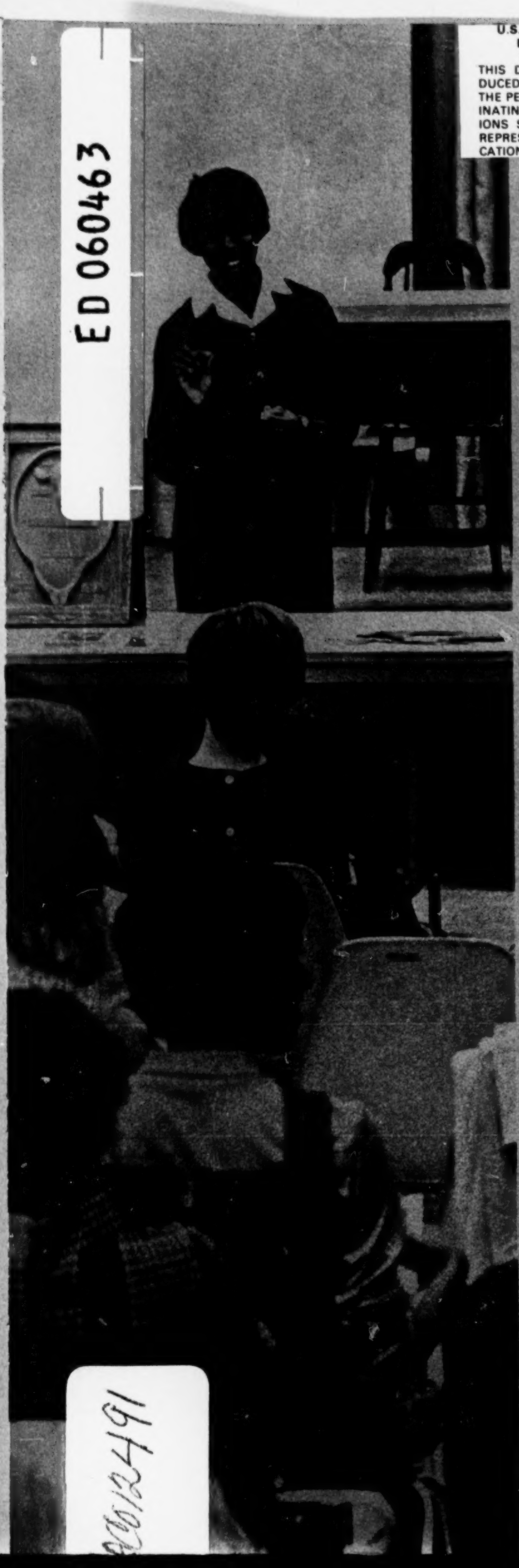

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REPORT OF AN EXPERIMENTAL DEMONSTRATION PROJECT ON PRENATAL EDUCATION OF EXPECTANT MOTHERS LIVING IN A LOWER SOCIO-ECONOMIC URBAN AREA

1

University Extension
The University of Wisconsin
Department of Nursing

in cooperation with

The City of Milwaukee Health Department

Report of An Experimental Demonstration Project on
Prenatal Education of Expectant Mothers
Living in a
Lower Socioeconomic Urban Area

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CONTENTS

Acknowledgments v

List of Tables viii

I. INTRODUCTION 1

  Purposes 1
  Limitations 1
  Definitions 2
  Background 2

II. DESIGN AND METHODOLOGY 7

  Project Participants 7
  Design 7
  Setting 10
  Methodology 10
  Data Collection 20

III. ANALYSIS OF DATA 21

IV. SUMMARY AND CONCLUSION 57

Bibliography 60

Appendix 1, Project Staff 61
Appendix 2, Advisory Council and Committees 63
Appendix 3, Interview Schedule 65
Appendix 4, Course Content 105
Appendix 5, Film Guide "Eating for Two" 107
Appendix 6, Leaflet "Foods to Eat Before the Baby Comes" 111
Appendix 7, Announcement of Prenatal Classes 112
Appendix 8, Written Evaluations of Prenatal Classes 113
Appendix 9, Class Attendance by Series 115

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List of Tables

Table		Page
1	Vital Statistics from City of Milwaukee	4
2	Total Attendance at All Prenatal Classes	22
3	Attendance Figures by Class Location, Fall, 1967	23
4	Attendance by Time of Day Classes Were Offered, Fall, 1967	25
5	Possible Attendance by Location and Time of Day, Fall, 1967	26
6	Total Attendance at Prenatal Classes by Ethnic Origin, Summer and Fall, 1967	28
7	Ethnic Origin of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	28
8	Number of Expectant Mothers Recruited and Source of Recruitment, Fall, 1967	29
9	Marital Status of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	31
10	Age of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	31
11	Educational Level of Expectant Mothers Who Attended and Did Not Attend Prenatal Classes, Fall, 1967	33
12	Income of Families Who Did and Did Not Attend the Prenatal Classes, Fall, 1967	34
13	Period of Pregnancy During Which Respondents Stated They First Obtained Prenatal Care, Fall, 1967	35
14	Sources of Prenatal Care of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	37
15	Sources of Regular Medical Care for Illness or Injury of Expectant Mothers, Fall, 1967	38
16	Attitudes of Expectant Mothers About Their Medical Care, Fall, 1967	39
17	Immunized Children of Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	41

Table		Page
18	Medical Care of Children of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	42
19	State of Health as Described by the Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967	42
20	Evaluation of How Each Expectant Mother Was Feeling, Fall, 1967	43
21	Expectant Mothers Who Had Eaten No Food In Each of the Different Food Groups During One 24-Hour Period, Fall, 1967	44
22	Amount of Exercise Expectant Mothers Thought They Had, Fall, 1967	46
23	Regularity With Which All Expectant Mothers Interviewed Read Printed Publications, Fall, 1967	53

I. INTRODUCTION

Will pregnant women from the Inner City come to prenatal classes? This project was an attempt to answer that question.

Purposes

Its purposes were threefold: (1) to find a way to obtain and retain attendance at prenatal classes of expectant mothers who live in low socioeconomic urban areas; (2) to identify factors affecting their attendance at the classes; and (3) to provide comparative data on the expectant mothers who attended the classes and on others from the same area who knew about the classes but did not attend.

Limitations

Since expectant mothers from lower socioeconomic areas have not generally attended prenatal classes in the past, it seemed advisable to limit the focus of the project to gaining their attendance. Every effort was made to present information in an understandable way and to create a climate in the classroom that was comfortable and conducive to discussion, but no attempt was made at this time to determine the amount of learning that has taken place, nor to compare the effectiveness of different educational techniques. In addition, there was no attempt made to evaluate individual methods of recruitment. A variety of methods were used. The outcomes of the pregnancies were not considered in evaluating the results of the classes because there are a number of factors, some known and some unknown, that have a bearing on the condition of a mother and a baby at the time of delivery and afterward, and it would be difficult to measure the difference that education has made.

Definitions

Expectant mother--any woman who either was referred because she was expecting a baby or referred herself and stated that she was pregnant.

Prenatal classes--classes which are designed for expectant parents which offer information on anatomy and physiology of reproduction, hygiene of pregnancy, nutrition, the birth process, care of the mother and baby after birth, feeding the newborn baby, and adjustment of the new baby into the family.

Series of prenatal classes--seven one-and-a-half hour classes held at weekly intervals for a period of seven weeks.

Background of the Project

Typically the woman who attends a prenatal class lives in a middle-class neighborhood, is relatively well educated, has had little or no contact with babies, and is in close contact with her physician.[1, 2] * Prenatal classes for expectant mothers who live in lower socioeconomic areas generally have not been well attended, so eventually the classes are discontinued. This was true in Milwaukee of classes started by the American Red Cross in 1962, the Milwaukee County General Hospital Out-Patient Clinic in 1964, and Mt. Sinai Hospital in 1965. Donny and Reid state:

> We have accepted the fact that group instruction, as we have developed it, does not attract parents from lower socioeconomic levels.... Yet, these are the very families with the highest perinatal mortality about whom we, as public health nurses, are most profoundly concerned.[2]

*Throughout this booklet, reference numbers refer to books and periodicals listed in the bibliography at the end of the report.

Expectant mothers who live in poverty areas are known to lack knowledge about caring for themselves during pregnancy and caring for their babies after birth. Many do not seek prenatal care until late in pregnancy, if at all. According to Dr. Eleanor Delfs, obstetrician, 26 per cent of the mothers who delivered at Milwaukee County Hospital in 1965 had not seen a physician until they came to the hospital for delivery. An additional 9 per cent had seen a physician only once before delivery. During the first three months of 1967 these percentages had decreased only slightly. It is not known how many of these mothers had received prenatal care from some other source before delivering at Milwaukee County Hospital.

The Inner City-North of Milwaukee is a poverty area characterized by a higher unemployment rate, a lower educational level, poorer housing, a larger number of broken families, and a higher incidence of disease and health problems than the city as a whole.[7] This area consists of 26 census tracts on the near-North Side, bounded by Holton Street, Juneau Avenue, 20th Street, and Keefe Avenue. Although 63 per cent of the population in that area was nonwhite in 1960, according to the U.S. census, in 1966 87 per cent of all births in the Inner City-North were Negro births.

The infant mortality rate is considered to be an index of the health status of a nation. Although in recent years the infant death rates throughout the world have been decreasing, rates of some countries have been decreasing at a more rapid rate than others. The United States had the tenth lowest infant mortality rate in 1961.[10] In 1969, it ranked fifteenth. One reason is that while rates among the white population are decreasing, the rates of the nonwhite population are either decreasing at a slower rate or are actually increasing. The following statistics from the City of Milwaukee confirm this trend.

Table 1--Vital Statistics from City of Milwaukee

(Reported by the Bureau of Vital Statistics,
Milwaukee City Health Department)

	1961		1966		1967	
	White	Negro	White	Negro	White	Negro
Live births*	24.3	42.0	18.7	32.1	16.8	39.1
Still births+	10.8	30.6	11.2	22.5	9.7	17.1
Premature births+	----	----	79.7	140.2	75.6	135.8
Deaths under 28 days+	18.4	26.3	20.3	22.5	15.1	27.4
Deaths under 1 year+	23.0	33.4	25.6	29.6	19.5	35.5
Deaths from malformations]	11.9	26.9	10.5	14.5	7.1	23.5
Deaths from birth injuries]	8.7	17.9	7.1	15.7	3.9	11.7

*Rate per 1000 population
+Rate per 1000 live births
]Rate per 100,000 live births

Premature birth rates were not tabulated by race in 1961, so were unavailable.

Dr. Arthur J. Lesser, formerly Deputy Chief of the Children's Bureau, Department of Health, Education and Welfare, stated in 1966 that premature births in this country account for two thirds of the infant deaths. Women who receive little or no prenatal care experience premature delivery two to two and a half times as often as the national average, and about one half of all unwed mothers fall into this category, receiving care only late in pregnancy or not at all.[5] In view of this, the following statistics on trends in unwed births, which show that an increasing number of women are receiving prenatal care late, should be given consideration when looking at infant mortality rates. There was an 83 per cent increase in out-of-wedlock births in the United States between 1953 and 1960, and the increase has continued to the present time. The increase in Milwaukee during that same period of time was 84 per cent. The rate of unwed births by race in Milwaukee in 1966 was 66.7 per 1000 white births as compared with 302.3 per 1000 nonwhite births.

Dr. Alex J. Steigman advocates group health education as one approach to the problem. He states:

> There is general agreement that a major attack on infant mortality, correctable with today's knowledge and means, is in the sphere of social and cultural application.
>
> . . . Statistically the largest problem of infant mortality exists in the underprivileged segments of large metropolitan centers. It is here that the greatest potential reduction can and must be effected, swiftly and efficiently.
>
> . . . One cannot assume that the underprivileged in urban ghettos have the same health values as the more sophisticated, long-time urbanized persons. . . But I do believe that group health education would be a useful, efficient, relatively inexpensive step in the right direction.
>
> . . . If one believes that proper nutrition and suitable prenatal care reduce infant mortality, it must not be assumed that every woman knows how to buy nutritious or economical food or that she can accept the value of prenatal care.[12]

Samuel Shapiro, Director of the Division of Research and Statistics of the Health Insurance Plan of Greater New York, states that it is generally accepted that socioeconomic class is a decisive factor in infant mortality, but that there are no data available nationally on this issue.[11]

Orville Brim, Jr., President of the Russell Sage Foundation, also sees a need for more research data describing the social characteristics of persons who are reached by education for prospective parents. "New ground could be broken," he writes, "by studies comparing parents reached by parent education with those not reached, within a given socioeconomic group, with respect to several personality characteristics. It is surprising that we have been unable to find any study of this kind."[1]

The National Commission on Community Health Services takes the position that the community has a responsibility for developing an organized and continuing education program concerning health resources for its residents and that the work of government and voluntary organizations is particularly enhanced by the degree of voluntary citizen participation in their processes and services. It also recommends that more applied research in educational techniques and methods be undertaken to supplement and draw from physical and social science research findings, particularly those which apply to health attitudes, motivation, and behavior.[3]

II. DESIGN AND METHODOLOGY

Project Participants

The project grew out of a paper written by a visitng nurse for a University of Wisconsin adult education course, in which the maternal and child health needs in poverty areas were pointed up.[4] After several meetings of representatives from the Milwaukee City Health Department, the Milwaukee Visiting Nurse Association, the University of Wisconsin-Milwaukee School of Nursing, and the Department of Nursing of University Extension, The University of Wisconsin, it was decided to experiment with a demonstration project as a different approach to the solution of those health problems. The project would be a cooperative venture between the University Extension and the Milwaukee City Health Department. The University provided one public health nurse and the Health Department provided another to staff the project. (See Appendix 1 for project staff.) Milwaukee County General Hospital and Mt. Sinai Hospital, two of the hospitals where a large number of the expectant mothers from the lower socioeconomic area deliver, also cooperated in the project.

Design

A series of prenatal classes was developed, consisting of seven classes to be held at weekly intervals. Each class lasted approximately one and a half hours.

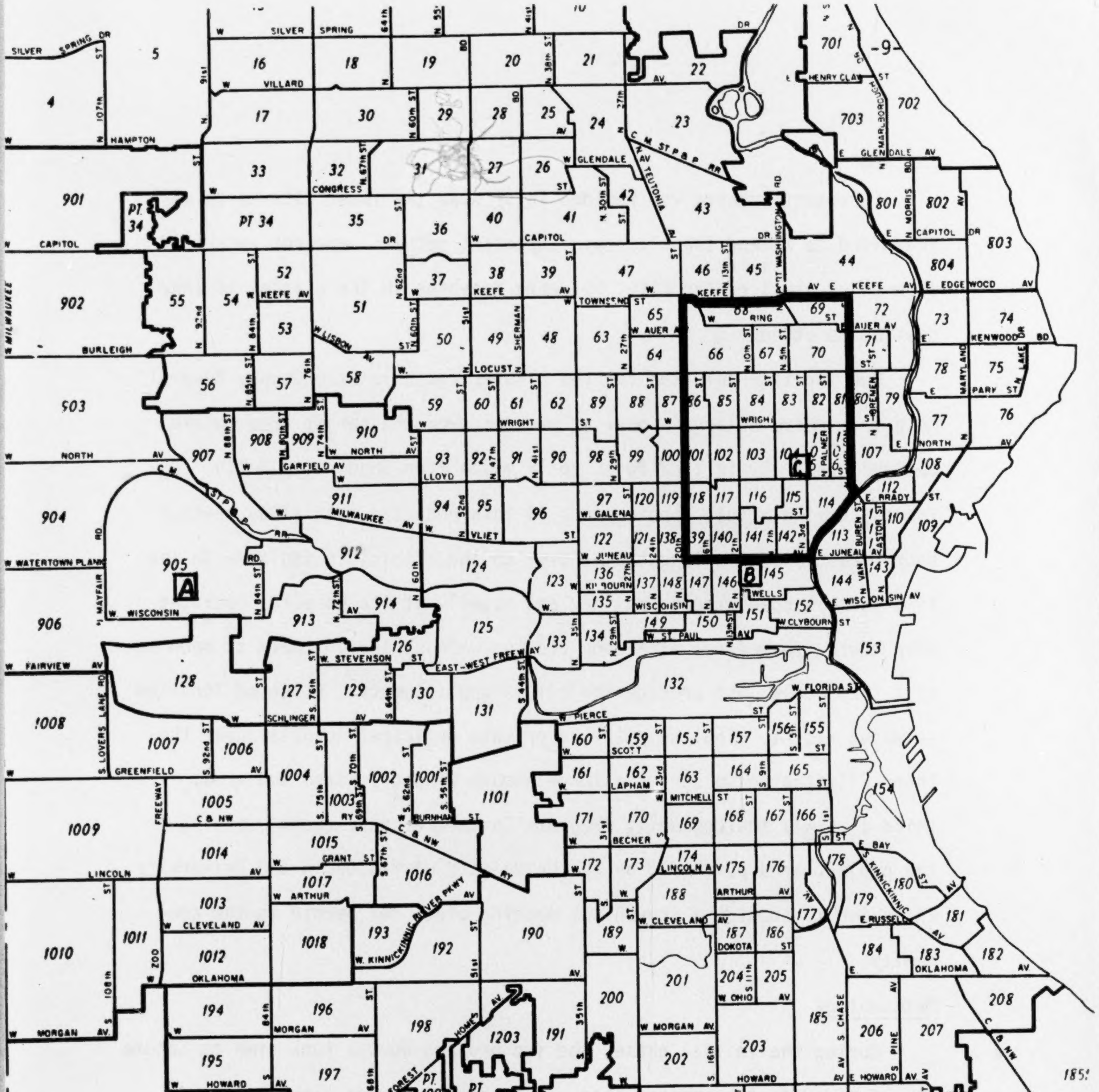
Nine series of prenatal classes were offered concurrently for expectant mothers who live on the near north side of Milwaukee. A series was offered in the morning, afternoon, and evening in each of three locations, as shown on the following page. A map of the project area, with class locations indicated is shown on the following page.

Interviews were held with all expectant mothers who attended the prenatal classes and with a random sampling of expectant mothers from the same area who were informed about the classes but did not attend. These interviews provided health and socioeconomic information, and were conducted in the homes of the expectant mothers by The University of Wisconsin Survey Research Laboratory during the week following the completion of the classes. The interviews were about one hour in length. The interviewers were part of the trained professional interviewing staff of the Survey Research Laboratory; they did not necessarily have medical backgrounds.

Characteristics and attitudes of the expectant mothers who attended the classes were compared with those of expectant mothers who did not attend. Comparisons were also made between women attending at the different locations and at different times of day. The results were used to select the time and location for the next sequence of classes and, in particular, to improve the class format.

Schedule of Prenatal Classes

	Morning	Afternoon	Evening
Milwaukee County Hospital	9:30	12 Noon	7:00
Mt. Sinai Hospital	9:30	2:00	7:00
Community Programs Center	9:30	2:00	7:00



Locations of Prenatal Classes
Milwaukee, Wisconsin, Fall, 1967

A - Milwaukee County Hospital
B - Mt. Sinai Hospital
C - Community Programs Center

Boundary of Inner City-North
Fall, 1967

Setting

Expectant mothers who resided in or near the Inner City-North were recruited to attend the classes. Expectant mothers were not recruited from other areas of the city, but were accepted in the classes if they desired to attend.

One location selected for the classes was Milwaukee County General Hospital, where a large number of persons from the target area obtain medical care. It is located 10 to 12 miles from Inner City-North. Patients keeping clinic appointments at this hospital must allow several hours because of the long travel time to the clinic, in addition to the time that is spent there, so they are usually at the hospital over the noon hour. Therefore, afternoon classes were scheduled there at noon so that they would just precede the clinic appointments. A second location selected was Mt. Sinai Hospital, a private municipal hospital near the Inner City that also serves a large number of people from the area. A third site was the Community Programs Center, a store-front building in the project area purchased by The University of Wisconsin and University Extension to provide a convenient meeting place for people in the community.

Methodology

During the initial phase, the two project nurses took time to become acquainted with the project area. Contacts were made with ministers, physicians, members of local organizations, and parents. The nurses also attended group meetings to meet key people in the community.

Members of the project's Advisory Council gave guidance periodically. The Council consisted of representative members from the community and from related health services. (See Appendix 2.) There were several replacements made on the Advisory Council at different times during the two-year life of the project, due to changes in position of professional personnel. An attempt was made, however, to keep the community and health services representation balanced, since it was felt that both the community and the health services need to be involved in planning and carrying out such a project.

Committees were formed in each cooperating hospital (Milwaukee County General Hospital and Mt. Sinai Hospital) to discuss plans and review progress periodically. Representation on the committee consisted of the hospital administrator, the nursing service administrator, a nursing educator, the supervisor of the maternity unit, a social worker, and a nurse from the out-patient clinic.

After the interview schedule was developed (Appendix 3), the course content was developed (Appendix 4). Visual aids and pertinent written material were reviewed and selected for use in the classes. An attempt was made to gear the teaching approach to the eighth or ninth grade level, since O'Reilly found this to be the median educational level of nonwhite adults in this area.[7] Consideration was also given to the Negro culture. As a result, it was decided to utilize visual aids, demonstrations, and tours to a greater extent than usual. Tours of the maternity units of the cooperating hospitals were conducted in conjunction with the class on labor and childbirth. Babies born to mothers who had attended an earlier series of the classes were used for the demonstration baby bath. (See photographs on the following pages.)

AD OINT
AD OINT

Post Partum Care
1. Stay in the hospital
2. The return home
3. The [illegible] to your doctor.

The physicians in the area stressed the need particularly to emphasize nutrition in the classes. Review of the films revealed a lack of a useful visual aid on nutrition, so it was decided to produce a movie to use as a teaching aid. "Eating For Two," a 22-minute sound movie in color was produced in the Inner City-North by the University Extension Department of Photography-Cinema, in the summer of 1967. An advisory committee of persons knowledgeable about nutrition assisted Jackson Tiffany, the film producer. A study guide (Appendix 5) describes the purposes and the content of the film. A recording, "Baby Cries," by Dr. Samuel Karelitz, Director of Pediatrics, Long Island Jewish Hospital, was reproduced on tape with a revised script adapted to the study group. A simple nutrition leaflet presenting the basic food groups in terms of the food preferences of the southern-born Negro was developed to use as a supplement to the film (Appendix 6).

Mothers were recruited to the prenatal classes by a variety of methods. A flyer was prepared and made available for use by physicians, hospital clinic nurses, social workers, public health nurses, ministers, and others who were serving the area (Appendix 7). Posters announcing the classes were placed in hospital out-patient clinics and in locations where the classes were to be held. Announcements of the classes were published in two Negro newspapers that have their main circulation in Inner City-North. The newspaper that has full-city circulation was not used, to avoid general recruitment to the classes. Radio spot announcements were made over the station listened to by most of the Negro people in the area. A special attempt was made to reach the Negro expectant mothers with the publicity because of the high percentage of Negro births in the study area.

The project nurses met with staff public health nurses at the Milwaukee City Health Department to interpret the project to them and to encourage referrals. Arrangements were made with both participating hospitals for expectant mothers being seen in the out-patient clinics to be invited to the classes. The project nurses were then informed of those who indicated an interest in attending so that contacts might be made at a later date.

The project nurses made home visits to all expectant mothers residing in or near the project area who were registered at the Prenatal Clinic at Milwaukee County General Hospital. They also visited every expectant mother who was referred to the project. Two contacts were made with each person. The first visit was made for initial recruitment, usually two to four weeks before the classes were to start. The mother was informed about the classes and of the content to be included, and was invited to attend. The fact that the classes were planned particularly for expectant mothers from the area was always mentioned. If she indicated an interest in attending, notation was made of which series she would prefer to attend. Then her name was placed on a list of interested persons for each series. A second visit was made within the week prior to the beginning of the series to remind the mother of the classes and to confirm her plans to attend. It was recognized that transportation to the classes would be a problem for some of the expectant mothers, so an arrangement was made to provide bus tickets for those mothers. The bus tickets were provided on the second home visit.

Three neighborhood aides were employed on a part-time basis to canvass selected areas. They were assigned to census tracts that had the greatest multiplicity of socioeconomic problems, according to O'Reilly's report.[7] Their duties consisted of visiting each home in their assigned areas, locating expectant mothers, informing them of the classes, and inviting them to attend. The names of persons who were interested in attending were placed on lists for a second contact by the aide. After the classes started, they visited the class absentees to encourage their return to classes and also attended certain series of classes to greet the expectant mothers and to serve refreshments to the group.

Sometimes they brought with them to the class new members who had recently moved to the city and were unfamiliar with the area. There were two specific purposes in employing the neighborhood aides, in addition to the belief that there should be community involvement at every level: (1) canvassing the needy area might recruit expectant mothers who were not yet under medical care; (2) recruitment by the neighborhood aides might be more effective. The neighborhood aides were trained by the project nurses, and meetings were held with them every two weeks throughout the course of the project to plan and evaluate progress. The neighborhood aides and the project nurses had a close and a comfortable working relationship, and if either the nurses or the lay community workers felt that a particular family would respond better to the other type of worker at a particular time, a change was made in the assignment and that other worker then visited the family.

Four pilot series of prenatal classes were conducted in the summer of 1967 to try out the teaching methods and materials. They were held in different locations at different times and at staggered intervals. One neighborhood aide was employed on a trial basis. One expectant mother offered to bring a baby for the demonstration baby bath. Tours of the maternity unit of each of the cooperating hospitals were conducted by the maternity supervisors. Interviews were also done by the Survey Research Laboratory as a test run for interviewing after completion of the classes.

The trial series having proved satisfactory, nine test series were conducted concurrently in the fall of 1967. Six babies born to mothers who had attended the trial series of classes were invited back to be subjects for the demonstration baby baths. The racial background of these babies varied. Four were Negro, one was Caucasian, and one was an Apache Indian, whose parents had recently moved to the city from Oklahoma.

Data Collection

Data on class attendance were obtained from the class rosters. Attitudes about attendance at the classes were obtained from subjective evaluations written by expectant mothers who attended the classes. (See Appendix 8.)

Data on health and socioeconomic characteristics and attitudes of expectant mothers who attended the prenatal classes and expectant mothers who did not attend were obtained from the interview schedule (see Appendix 3) and summarized by the University Survey Research Laboratory.

III. ANALYSIS OF DATA

The attendance at the prenatal classes, as determined from the class rosters, demonstrated that women from a lower socioeconomic level will attend classes under certain conditions. Table 2 summarizes the data on attendance at all series offered. Fifty-seven expectant mothers attended the first four trial series that were offered in the summer of 1967. Eighty mothers attended the classes during the test series in the fall of 1967; one had attended the trial classes in the summer and repeated some classes in the test series, so she was not included in the analysis of data. Although a number of changes were made in the different series of classes that were offered in 1968 in order to try out different approaches, the level of attendance in each series demonstrated that attendance could be maintained when classes were offered continuously. Since one purpose of the project was to gain class attendance, class members were also enrolled after the series had started. See Appendix 9 for attendance at individual series.

It was demonstrated that it was necessary to overrecruit for the classes. About one third of the number of expectant mothers who indicated an interest in attending the classes actually did attend. It is not known how this degree of response would compare with the response of middle-class expectant mothers to prenatal classes because middle-class expectant mothers enroll voluntarily when classes are announced. Their intent to attend is not usually determined prior to enrollment.

Table 2--Total Attendance at All Prenatal Classes

Total Number of Series Offered	Class Periods	Enrollment in Numbers			
		Expectant Mothers	Fathers	Other Nonpregnant	Total
4	Summer, 1967 (Pilot)	57	9	5	71
9	Fall, 1967 (Test)	79 (+1)*	4	21	104 (+1)
4	April-May, 1968	79	13	16 (+8)+	108 (+8)
3	May-July, 1968	76	8	28	112
3	July-September, 1968	60	10	15	85
3	September-October, 1968	94	9	25 (+4)∃	128 (+4)
	TOTAL	445 (+1)	53	110 (+12)	608 (+13)Ɇ

*Expectant mother who attended a pilot series and repeated part of a test series.

+Group of nonpregnant unwed mothers who attended two classes in one series with their two group leaders by prearrangement.

∃Four student nurses attended one class in one series.

ɆNumbers in parentheses are not included in the total number.

The classes were offered on a continuing basis in 1968. Some who enrolled after a series had started continued on to complete the series in the next class period. Such persons were included in the attendance of both series in which they enrolled. Twelve persons who completed classes in a May-July series, sixteen persons who completed in a July-September series, and nine who completed in a September-October series had been enrolled also in a previous series. Although prenatal classes were started in the community in 1968 by other groups also, such as the Inner City Development Project, this did not noticeably affect the attendance of the project classes. See the 1968 attendance in Table 2.

The location of the classes, however, did affect attendance as a study of Table 3 shows.

Table 3--Attendance Figures by Class Location, Fall, 1967

	Attendance in Numbers			
Location	Expectant Mothers	Fathers	Other Nonpregnant	Total
Milwaukee County Hospital	15	0	7	22
Community Programs Center	23	0	5	28
Mt. Sinai Hospital	41 (+1)*	4	9	54 (+1)
TOTAL	79 (+1)	4	21	104 (+1)

*Expectant mother who attended a pilot series and repeated part of a test series.

The response was greatest at Mt. Sinai Hospital. Although Mt. Sinai Hospital is not located within the Inner City, it is close enough to be within walking distance for many persons who live in the southern and most deprived areas. During 1968, most of the homes in this area were razed in a redevelopment project and the families relocated farther north or west in or near the Inner City area. Although there was a slight decrease in attendance at classes at Mt. Sinai Hospital during that time, the attendance there continued to be the largest of any of the locations where classes were offered.

The smallest attendance was at Milwaukee County General Hospital, which is located 10 to 12 miles, or about one hour by bus, from the Inner City-North. The attendance at Community Programs Center, located within the Inner City, was larger than that at the County Hospital, but was not as large as that at Mt. Sinai Hospital. The reason for this is not known, although responses from the interviews indicated that some persons thought that a hospital was a desirable place to hold classes.

When the attendance at the test series of classes was reviewed with the committee at Milwaukee County General Hospital, it was recommended by Dr. Eleanor Delfs, an obstetrician, that the classes for that hospital be moved to 2261 North 16th Street, a location in the Inner City-North where it was anticipated that a prenatal clinic would be established jointly by the hospital and the Milwaukee City Health Department early in 1968. The classes were begun there in April, and then were related to the prenatal clinic when it was started in May of 1968.

During home visits for recruitment to the pilot series of prenatal classes in the summer of 1967, the expectant mothers usually indicated that the day of the week that classes were offered did not affect their plans to attend. More concern was shown about the time of day as it related to the time when children would be home from school, when family members would be at work, and when babysitters would be available. As a result, study centered on the importance of the time of day rather than on the day of the week. The results are shown in Table 4.

Table 4--Attendance by Time of Day Classes Were Offered, Fall, 1967

	Attendance in Numbers			
Time of Day	Expectant Mothers	Fathers	Other Nonpregnant	Total
Morning	23	0	2	25
Afternoon	22	0	7	29
Evening	34 (+1)*	4	12	50 (+1)
TOTAL	79 (+1)	4	21	104 (+1)

*Expectant mother who attended a pilot series and repeated part of a test series.

The evening classes consistently had the largest attendance. Initially, afternoon classes appeared to be second in popularity. Twenty-one of the 29 who attended in the afternoon attended at the Milwaukee County General Hospital preceding their clinic appointments. It was determined, however, that the attendance at the series that was related to the clinic appointment was not as consistent, since the clinic appointments for each person were usually at four-week intervals until the eighth month, then every two weeks, and during the last month at one-week intervals. Because the attendance at the morning sessions was generally more stable, it was decided that mornings and evenings were the most desirable times to hold classes. (See Table 5 for consistency of attendance.)

Table 5--Possible Attendance by Location and Time of Day, Fall, 1967

Series		Number of Expectant Mothers Enrolled	Total Classes in the Series That Could Possibly Have Been Attended*	Classes Attended	Percentage of Possible Attendance
MCGH	9:30	1	7	1	14%
	12:00	14	92	37	40%
	7:00	--	--	--	---
					Average--27%
CPC	9:30	12	69	45	65%
	2:00	4	28	13	46%
	7:00	7	47	36	77%
					Average--63%
Mt. Sinai	9:30	10	56	33	59%
	2:00	4	17	12	71%
	7:00	27	162	94	58%
					Average--63%

*Classes that could possibly have been attended included classes from enrollment to completion of the series or to delivery.

Thirteen expectant mothers, or 16 per cent, attended 100 per cent of possible classes (all classes from enrollment to completion of series or to delivery). Class members who were absent from one class were visited by either a project nurse or a neighborhood aide to encourage their return to the classes. The class members seemed to appreciate this contact, rather than to resent it. Miss Hazel Heywood, R.N., Director of Nursing Programs for the Greater Milwaukee Chapter of the American Red Cross, reports that the attendance at their prenatal classes in Milwaukee that were attended by middle-class members averaged 90 per cent or over. They do not contact the absentees because of the possibility of receiving a negative response.

The expectant mothers who attended the morning sessions of the project classes, were, for the most part, young unwed girls who had been dismissed from school because of their pregnancy and mothers who had children who were attending school during that period of time. The need for babysitting at home was recognized, but was not resolved during this project. As a result, a number of mothers brought infants or preschool children to the different classes with them. No formal babysitting was provided at the classes. The neighborhood aides assisted with the care of the children, as needed, and this seemed to be adequate. The evening classes seemed to be treated more as an evening out and included any interested mothers who were able to attend at that time, as well as a number of fathers, although no particular invitation had been extended to them. (See Table 4.) It was interesting that both known and putative fathers chose to attend.

There were persons from a number of ethnic origins who attended the classes, but the majority attending was black. (See Table 6.) Fathers from each ethnic background attended the classes.

Table 6--Total Attendance at Prenatal Classes by Ethnic Origin, Summer and Fall, 1967

Race	Number Attending Pilot Series, Summer, 1967	Number Attending Test Series, Fall, 1967
Negro	52	86 (+1)*
Caucasian	14	11
Puerto Rican	3	6
Apache Indian	2	
Unknown	0	1
TOTAL	71	104 (+1)

*Expectant mother who attended a pilot series and repeated part of a test series.

Table 7--Ethnic Origin of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

Race	Number Who Attended Classes	Number Who Did Not Attend Classes+
Negro	68 (+1)*	49
Caucasian	9	8
Puerto Rican	1	0
Unknown	1	0
TOTAL	79 (+1)	57

*Expectant mother who attended a pilot series and repeated part of a test series.

+Random sample of expectant mothers who were informed of the classes but did not attend.

Table 7 shows that there was also a majority of black expectant mothers in the group not attending the classes. As classes were continued through 1968, there were Chinese in attendance, as well as a Caucasian, unwed hippie couple.

The fathers and the other nonpregnant persons who attended were all recruited by the expectant mothers. Some of the nonpregnant persons seemed to attend because they were interested, while others seemed to attend so that the expectant mothers would not have to come alone. A number of other expectant mothers were also recruited by class attendees. Sources of recruitment of expectant mothers to the test classes held in the fall of 1967 may be found in Table 8.

Table 8--Number of Expectant Mothers Recruited and Source of Recruitment, Fall, 1967

Source of Recruitment	Number of Expectant Mothers Recruited
Other Class Members	10
Neighborhood Aides	13
Attended Milwaukee County General Hospital Prenatal Clinic and Visited by Project Nurses	23
Milwaukee County General Hospital Clinic Nurses	12
Social Service at Mt. Sinai Hospital Clinic	13
Physicians	5
Milwaukee Health Department, Public Health Nurses	1
Posters in Hospital Clinics	1
Project Nurse in Another Mother's Home	1
TOTAL	79

Data compiled from the interviews revealed that some of the social, cultural, environmental, and health characteristics of class attendees did vary from the characteristics of the sample of expectant mothers who knew about the classes but did not attend. A 100 per cent of both class attendees and the sample of nonattendees responded to the interviews.

Of all who attended classes in the fall of 1967, 86 per cent lived in the Inner City-North. The remainder lived on the near-South Side of the city or came in from outlying areas.

Of those who attended classes in the fall of 1967, 29 per cent had lived in the city less than five years. Only 18 per cent of the random sample of 57 expectant mothers who did not attend the classes had lived in the city less than five years.

The percentage of expectant mothers separated from their husbands was much greater in the group which did not attend the classes. (See Table 9.) Of the expectant mothers who attended the classes, 52 per cent were single, as compared with 42 per cent who were single in the sample of expectant mothers who did not attend.

The group of mothers who attended the classes was a younger group than the sample group that did not attend. The age range for attendees was 14 to 32 years as compared with a range of 15 to 41 years for nonattendees. The median age for attendees was 19 years and for nonattendees was 21 years. Of those who attended the classes, 43 per cent were of high school age, as compared with 28 per cent of those who did not attend. (See Table 10.)

Table 9--Marital Status of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

Marital Status	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
Married	44	42
Divorced	1	--
Separated	3	16
Single	52	42
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

Table 10--Age of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

Age	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
14-18 Years	43	28
19-25 Years	46	44
26-29 Years	5	9
30-35 Years	5	14
36-41 Years	0	4
Not Ascertained	1	1
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

Since the expectant mothers who did not attend the prenatal classes were older, it might be expected that more of them would have other children, and this proved to be true. Of the nonattendees, 75 per cent had other children as compared with 41 per cent of those who attended the classes.

Since there were a number of expectant mothers in both groups who had not yet completed high school, it can be assumed that some will return to school following their deliveries. It was determined, however, that the educational level of all expectant mothers studied was higher than that of Milwaukee Negroes who were 25 years and over in 1960.[7] The median year of school completed by all Milwaukee Negroes over 25 years of age in 1960 was 9.1, as compared with 11.6 years completed by all of the expectant mothers included in the study, even though 36 per cent were still of high school age. Those who attended the classes had a slightly higher educational level, even though there was a larger percentage of girls of high school age in this group. The range of the number of years of education was 6 years to 2 years of college for class attendees, with a median of 11.8, as compared with 5 years to 1 year of college, with a median of 11.2, for those who did not attend classes. (See Table 11.)

Table 11--Educational Level of Expectant Mothers
Who Attended and Did Not Attend
Prenatal Classes, Fall, 1967

Grade Completed	Percentage Who Attended Half or More of Classes	Percentage Who Attended Less Than Half of Classes	Percentage Who Did Not Attend Classes+
5			2
6		3	
7		6	5
8	5	3	5
9	5	9	3
10	16	6	28
11	20	34	23
12	41	34	30
1 Year College	11	3	2
2 Years College	2		
Not Ascertained		2	2
TOTAL	100	100	100
	Number=44	Number=35	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

Of the expectant mothers who did not attend classes, 22 per cent were employed during that time of the study, as compared with 14 per cent of the expectant mothers who did attend the classes. The range of income of all families studied was wide. (See Table 12.)

Table 12--Income of Families Who Did and Did Not Attend the Prenatal Classes, Fall, 1967

Income	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
$0-$2999	10	30
$3000-$5999	29	26
Over $6000	28	23
Not Ascertained	33	21
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

According to responses received from the expectant mothers, only a small number of expectant mothers were reached who were not already under medical care. Three who had had no prenatal care attended the classes. Two obtained care while the classes were in session and the third had her first clinic appointment the week after the series was completed. She was interviewed prior to her clinic appointment, however. One expectant mother in the group that did not attend classes had not obtained medical care at the time of the interview. According to interview responses, 42 per cent of all mothers interviewed were under medical care by their second month of pregnancy, and 63 per cent were under care by the third month. There was no significant difference between the group who did and did not attend classes. (See Table 13.) Of the total group interviewed, 62 per cent stated they thought care should be obtained as soon as a woman thought she was pregnant.

Table 13--Period of Pregnancy During Which Respondents Stated They First Obtained Prenatal Care, Fall, 1967

Period of Pregnancy Prenatal Care First Obtained	Percentage Who Attended Prenatal Classes	Percentage Who Did Not Attend Prenatal Classes+
1-2 Months	42	41
3 Months	20	23
4-5 Months	26	28
6-7 Months	10	5
8th Month or Later	0	2
No Prenatal Care*	1	1
Not Ascertained	1	0
TOTAL	100	100
	Number=79	Number=57

*At time of interview.

+Random sample of expectant mothers who were informed of the classes but did not attend.

The responses from the interviews indicated a higher level of prenatal care than was reported by Milwaukee County Hospital prior to the project.

It is recognized that all high school girls who had reported their pregnancies to school personnel would have seen a physician to confirm it, but may have delayed their visits to the physician because of the Board of Education ruling that all girls who are pregnant must be dismissed from school.

About three fourths of the expectant mothers who attended the classes received their prenatal care at a hospital clinic. Their sources of prenatal care, according to information provided at the classes, are as follows:

Milwaukee County General Hospital Clinic	54%
Mt. Sinai Hospital Clinic	20%
General practitioner	14%
Obstetrician	12%
TOTAL	100%
	Number=79

Responses from the interviews were generally in accord with information provided at the classes, although it appeared that one or two people may have changed their sources of care during the weeks intervening between class registration and the interviews at the end of the series. (See Table 14.) The pattern of care for expectant mothers who did not attend classes was different from that of the expectant mothers who attended: A larger percentage of the nonattendees obtained their care at the clinic at Milwaukee County Hospital or from an obstetrician, and a smaller percentage of them obtained their care at clinics of other hospitals or from general practitioners. (See Table 14.)

Responses from the interviews of all persons included in the study revealed that the expectant mothers had more varied patterns of obtaining medical care when they were not pregnant than they did when they were receiving prenatal care. There was no regular source of medical care for 10 per cent of all expectant mothers interviewed. (See Table 15.)

Table 14--Sources of Prenatal Care of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967∃

Sources of Prenatal Care	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
Milwaukee County Hospital	52	64
Other Hospital Clinics*	21	7
General Practitioner	17	12
Obstetrician	10	17
TOTAL	100	100
	Number=78	Number=56

*Includes Mt. Sinai Hospital

∃According to responses from interviews.

+Random sample of expectant mothers who were informed of the classes but did not attend.

Table 15-- Sources of Regular Medical Care for Illness or Injury of Expectant Mothers, Fall, 1967

Sources of Regular Medical Care of Expectant Mothers	Percentage Who Attended Prenatal Classes	Percentage Who Did Not Attend Prenatal Classes+
Regular Physician	31	26
Regular Clinic	47	58
Different Physicians or Clinics	13	5
No Regular Physician or Clinic	9	11
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

Responses from the interviews showed that both the expectant mothers who attended the classes and those who did not attend were well satisfied with their medical care. However, a larger percentage of those who did not attend stated that they thought their physicians could take time to answer their questions. (See Table 16.)

Table 16--Attitudes of Expectant Mothers About Their Medical Care, Fall, 1967

Attitudes of Expectant Mothers	Percentage Who Attended Prenatal Classes	Percentage Who Did Not Attend Prenatal Classes+
Feel Free To Talk With Doctor	86	89
Feel Free To Telephone Doctor	81	80
Believe Doctor Is Good	93	94
Do Not Trust Doctor	12	13
Have Impression Doctor Is Not Too Busy To Answer Questions	65	76
Believe Doctor Is Not Interested In Their Condition	7	11
Do Not Like Doctor	6	7
Would Not Recommend Doctor To Friends	18	11

+Random sample of expectant mothers who were informed of the classes but did not attend.

The reasons why the expectant mothers in the project would not refer friends to their physicians, and the number of times each reason was cited, are as follows:

Felt doctor did not show courtesy and consideration	- 7
Did not always have same doctor	- 5
Felt doctor was judgmental of unwed mothers	- 3
Reported a communication barrier because doctor was of different nationality	- 3

Interview responses revealed that 72 per cent of all expectant mothers included in the study were satisfied with care in hospital clinics; 10 per cent indicated that they were dissatisfied; 2 per cent said they were very dissatisfied; and 16 per cent were uncertain of their feelings about the care. The reason most frequently cited for dissatisfaction was long periods of waiting (eight respondents). Other reasons given were that the facilities were too far away, the patient was unable to see the same physician at each visit, medical care was inadequate, and finally, there was a lack of courtesy and consideration.

Of the expectant mothers interviewed, 81 per cent indicated that they were satisfied with nursing service in hospitals, while only 63 per cent indicated satisfaction with nursing service in homes. Reasons for dissatisfaction with nursing in hospitals, given by order of importance, were inadequate nursing care, lack of courtesy and consideration, lack of patience, and delays in service. The only reason given for dissatisfaction with nursing service in the home was a failure to visit homes often enough. It is important to note that only 15 per cent of all expectant mothers included in the study had talked with a public health nurse during the present pregnancy. Only 26 per cent of the mothers with other children had talked with public health nurses during previous pregnancies.

Only five (one person who attended the classes and four who did not) of the 136 mothers included in the project reported that they had used any method of birth control prior to their pregnancies.

A larger percentage of expectant mothers who attended the classes were carrying medical and hospitalization insurance than were the mothers who did not attend. Of the expectant mothers who attended, 40 per cent carried sickness and accident insurance and 59 per cent also were covered by hospitalization insurance. Of the nonattendees, 24 per cent carried sickness and accident insurance, while only 33 per cent had hospitalization.

Interview responses indicated that, of the mothers in both groups who had other children, the expectant mothers who did not attend the prenatal classes were giving better preventive health care to their children than were the mothers who attended the classes. A larger percentage of the mothers who did not attend the classes had taken their children for regular medical examinations and had had their children immunized against communicable diseases than had the mothers who attended the classes. (See Tables 17 and 18.)

Table 17--Immunized Children of Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

Children Immunized		Percentage of Expectant Mothers Who Attended Classes		Percentage Of Expectant Mothers Who Did Not Attend Classes+
Children Were Immunized		52		68
Some Children Were Immunized		7		12
Children Were Not Immunized		28		20
Not Ascertained		13		--
	TOTAL	100	TOTAL	100
		Number=79		Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

Table 18--Medical Care of Children of Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

Medical Care of Children	Percentage of Expectant Mothers Who Attended Classes	Percentage of Expectant Mothers Who Did Not Attend Classes+
Received Regular Medical Examinations	38	45
Received Care Only When Sick	48	53
Not Ascertained	14	2
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

When the expectant mothers were asked about the state of their health, the mothers who attended the prenatal classes reported feeling healthier than the expectant mothers who did not attend. (See Table 19.)

Table 19--State of Health as Described by the Expectant Mothers Who Did and Did Not Attend Prenatal Classes, Fall, 1967

State of Health	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
Good or Very Good	88	69
Fair or Poor	12	31
TOTAL	100	100
	Number=79	Number=57

Chi-Square = 7.25 Significant at .01 level

+Random sample of expectant mothers who were informed of the classes but did not attend.

The expectant mothers were asked how they were feeling during the present pregnancy, and the response (see Table 20) was in accord with the evaluation of the state of their health in Table 19.

Table 20--Evaluation of How Each Expectant Mother Was Feeling, Fall, 1967

How They Were Feeling		Percentage Who Attended Prenatal Classes		Percentage Who Did Not Attend Prenatal Classes+
Very Well and Quite Well		70		49
Fairly Well and not at All Well		29		51
Not Ascertained		1		--
	TOTAL	100	TOTAL	100
		Number=79		Number=57

Chi-Square = 6.36 Significance level less than .05

+Random sample of expectant mothers who were informed of the classes but did not attend.

Responses to the interviews, based on recall for the 24-hour period prior to the interview, indicated that the diets of a large percentage both of the expectant mothers who attended the classes and of those who did not attend were lacking in the recommended number of servings in each food group. A larger percentage of those who did not attend the classes were inadequate in all of the food groups, except for bread, than were those who attended the classes. This might have been due to the emphasis the classes put on nutrition. Both groups of mothers were most deficient in milk and fruits and vegetables. Table 21 shows the percentage of each group of expectant mothers who had eaten no food in each of the different food groups during the 24-hour period preceding the interview.

Table 21--Expectant Mothers Who Had Eaten No Food In Each of the Different Food Groups During One 24-Hour Period, Fall, 1967

Food Group Missing From Diet	Percentage Who Attended Classes	Percentage Who Did Not Attend Classes+
Dairy Products	24	36
Fruits	51	61
Vegetables	25	39
Meat, Fish, Eggs, and Legumes	3	9
Breads and Cereals	5	--
Not Ascertained	2	--

+Random sample of expectant mothers who were informed of the classes but did not attend.

Of the expectant mothers who attended the prenatal classes, 67 per cent stated that their diet for the day when they did the 24-hour recall was typical, compared with 49 per cent of those who did not attend the classes.

Of all expectant mothers interviewed, 65 per cent reported that they had cravings for certain foods. The desired foods include a wide variety of foods within all of the food groups. Of the total group interviewed, 24 or 18 per cent reported that they had eaten clay or starch. When those who had eaten starch were asked why they ate it, sixteen said they ate it because they had a desire for it, three said they didn't know why they ate it, and one said she considered it a snack. Four did not respond to that question.

Some of the favorite foods and beverages and the number of times that they were listed by the expectant mothers in the project are as follows:

Beverages	
Carbonated sodas	98
Milk	83
Coffee	52

Meats	
Chicken	67
Beef	49
Pork	39

Vegetables	
Greens	45
White potatoes	34
Salad	13

Fruit	
Fresh mixed fruit	12

Cereals	
Rice	16
Macaroni and spaghetti	13
Corn bread	12

Desserts	
Cake	20
Pie	4
Pudding	3

Dairy	
Ice cream	10
Cheese	4
Cottage cheese	1

It is interesting to note that some of the favorite foods (such as meat) were really eaten by a larger percentage of mothers on the day of recall, while some foods selected least often as favorite foods (fruits) were eaten by a smaller percentage of mothers on that day.

Of all mothers interviewed, 24 per cent stated that they were on special diets, and in each case they indicated that they had been advised by either a physician or a dietitian.

Of the expectant mothers who attended the classes, 81 per cent reported that they usually slept eight hours or more at night, as compared with 57 per cent of the expectant mothers who did not attend the classes. Of each of the two groups of expectant mothers, 32 per cent seldom or never rested during the day.

There was little difference between the two groups of expectant mothers in the amount of exercise they thought they had. (See Table 22.)

Table 22--Amount of Exercise Expectant Mothers Thought They Had, Fall, 1967

Times They Exercised	Percentage Who Attended Prenatal Classes	Percentage Who Did Not Attend Prenatal Classes+
Very Often	15	12
Quite Often	20	21
Some	24	23
Very Little	19	19
Never	19	25
Not Ascertained	3	--
TOTAL	100	100
	Number=79	Number=57

+Random sample of expectant mothers who were informed of the classes but did not attend.

The responses from all expectant mothers included in the project revealed that 73 per cent of the exercise was taken by walking, 17 per cent by housework, 7 per cent through prescribed exercises, 2 per cent by dancing, and 1 per cent through sports.

All the mothers interviewed who were taking medications stated that they were taking them under a physician's order.

Asked why they were attending the classes, the greatest number of mothers said they came because they lacked knowledge of how to care for themselves and their babies. Reasons given and the number of times each reason was cited are as follows:

Lacked knowledge of how to care for self and baby	45
Thought classes would be good	22
Didn't have anything else to do and were curious	12
Invited by someone	7
Heard that films were to be shown	5
Wanted opportunity to talk with other pregnant mothers	3

The expectant mothers who attended the classes felt that the greatest benefit received from attending was learning how to care for themselves. The next greatest benefit was learning how to care for the baby. More of the classes dealt with the care of the mother, so it is not known whether their response was due to the emphasis in the course or to a greater concern that they had about themselves. When they were asked in the interviews what they received from the classes, the numbers and kinds of responses were as follows:

Learned how to care for themselves	40
Learned how to care for the baby	32
Learned how baby develops and is delivered	20
Felt classes helped to reduce anxiety	9
Derived no benefits	8
Learned about different health services available	1
Learned that nurses and others cared enough to hold the classes	1

Of the expectant mothers who attended the classes, 77 per cent reported that they were putting into practice what they had learned. When they were asked what they were doing then that they had not done prior to the classes, the numbers and kinds of responses were as follows:

Following a better diet	33
Practicing breathing, relaxation, good posture, and exercises	14
Resting more	6
Giving better baby care	6
Developing a closer contact with doctor	2
Giving better care to breasts	2
Wearing proper clothing	1

Four of the expectant mothers who attended the classes stated that they thought that classes would have been more helpful if more information about care of the baby had been included. Three would have liked more included about labor and cesarean sections. Two thought that it would have been beneficial if a physician had participated and answered questions. Although films were shown in every class, two would have liked more films shown. Two would have liked more class sessions. One person would have liked more refreshments and one would have liked a larger class attendance. Forty-five thought that nothing could have been done to improve the classes. Twenty-three of the expectant mothers did not respond to this question.

Asked how the location affected their choice of which class to attend, over one half of the expectant mothers stated they chose the location which was most convenient. Nearly one fifth reported that they attended classes in the location where they were already receiving prenatal care. Factors affecting the choice of location and the number of times that they were given by the expectant mothers who attended the classes are as follows:

Liked the convenience	43
Were receiving prenatal care at location	15
Came with someone already attending classes	7
Knew about only one location	6
Advised by doctor or nurse	4
Were familiar with location	2
Liked to go to that location	2
Advised to attend there	1

When the expectant mothers who attended the classes were asked what they thought would be the best place to hold prenatal classes, approximately one half favored Mt. Sinai Hospital. A little over two thirds thought that a hospital would be the best place to hold such classes. About one fourth recommended holding the classes close to their homes.

Problems arose for 46 per cent of the class attendants which made it difficult for them to attend. Reasons and the number of times given for absences are as follows:

Did not feel well	9
Heard about classes too late	9
Felt tired	7
Delivered before series was over	6
Lacked transportation	3
Had illness in the family	3
Started working	3
Moved to different place of residence	3
Had difficulty getting a babysitter	2
Deterred by stormy weather	2
Had something else to do that day	2

The expectant mothers who did not attend the prenatal classes were asked why they did not attend. The reason that was given most often was that they had babysitting problems. The reasons and the number of times that they were cited are as follows:

Were unable to get a babysitter	11
Did not feel the need to go	8
Were working or too busy	7
Did not feel well enough	7
Had illness in the family	4
Were unfamiliar with bus routes or other transportation problems	3
Did not know when classes were held	3

Responses to other interview questions supported these reasons given for not attending the classes. Since 75 per cent of the expectant mothers who did not attend had other children and since it was not possible to provide babysitting services except for caring for children at the classes, it might be expected that babysitting would be a problem for some women included in the project. The fact that more expectant mothers who did not attend the classes had other children probably also contributed to the feeling, which some expressed, of not needing to attend classes. Of the expectant mothers who did not attend the classes, 22 per cent were employed during the time of the study. When that factor is considered together with the percentage of those who had other children, it gives validity to their stating that they were too busy to attend. Some stated that they did not feel well enough to attend. This is in accord with their response to the question asking them how they felt. Of those who did not attend, 51 per cent stated they felt just fairly well or not well at all. Others stated that they did not attend the prenatal classes because there was illness in the family; 18 per cent of those who did not attend reported that there was someone living in their home who was ill or disabled, as compared with 9 per cent of those who did attend the classes who had ill or disabled persons in the home. Although 34 persons who were recruited for the classes were provided with bus tickets, a few indicated a problem with transportation. There was no automobile in the families of 75 per cent of the expectant mothers who did not attend classes, as compared with 61 per cent of the families without an automobile for the expectant mothers who did attend. Attendance by those who were not feeling well could also have been influenced by whether they would ride directly to class or whether they would have to take a bus or walk.

The mothers who did not attend the prenatal classes during the time of the project were asked if they would be willing to attend classes during future pregnancies. Of these, 74 per cent said that they would be willing to attend; 15 per cent reported that they would not attend, and 11 per cent did not know.

The interview responses from all expectant mothers included in the project revealed that they are not "joiners"; 79 per cent indicated that they did not belong to any club or organization. However, those who did belong to various organizations stated that they usually (91 per cent of the time) attend meetings of those groups. Organizations and the number of expectant mothers who belong are as follows:

Church-related groups	19
Parent-teacher groups	3
Neighborhood or community groups	3
Recreational or social clubs	2
Labor unions	2
Groups concerned with health	2
Civil rights groups	1
Professional or business groups	1
Fraternal organizations (lodges, auxiliaries)	0
Civic or community improvement groups	0
Other	2

Reading habits of the expectant mothers who were included in the project might have implications both for publicity on future classes and for literature to be used in the classes. The publication read most frequently was the major city daily newspaper, The Milwaukee Journal. It was used for publicity for the prenatal classes after the data from the interviews were obtained and it was productive in recruitment, but it drew expectant mothers from a broader area than the project area. Five persons of the 136 interviewed stated that they did not read at all. The regularity with which different kinds of publications were read is listed in Table 23.

Table 23--Regularity With Which All Expectant Mothers Interviewed Read Printed Publications, Fall, 1967

Publications	Number Reading	Read Regularly	Read Often	Read Seldom	Frequency Not Indicated	Never Read
Newspapers:						
Milwaukee Journal (City-evening)	113	64	21	26	2	5
Milwaukee Sentinel (City-morning)	44	15	12	16	1	5
Milwaukee Star (Negro-weekly)	62	21	16	23	2	5
Milwaukee Courier (Negro-weekly)	21	6	4	10	1	5
Other newspapers	9	3	2	3	1	5
Magazines	95	46	28	19	2	5
Books	62	22	17	20	3	5
Comic Books	36	6	16	12	2	5

The kinds of magazines that the expectant mothers reported reading and the number of mothers reading them are shown below:

Magazines	
News	45
Health, Home Family	28
Love	26
General Women's	23
Sports	6
Fashion	5

The kinds of books that the expectant mothers reported reading and the number of mothers reading them are shown below:

Books	
Fiction	27
Health	15
Biographies	9
Religion	9
Reference	2
Science	1

Of all expectant mothers in the project, 36 per cent stated that they had never drawn a book out of the library. However, of those who were using the library, 8 per cent had borrowed books within the last month, 19 per cent within the last six months, 25 per cent within the last year, and 33 per cent within the last two years, while 2 per cent did not respond to this question.

The television channel in the Milwaukee area most popular with this group was Channel 6, favored by 75 per cent of the mothers in the project. The next most popular was Channel 12, favored by 14 per cent. Television was not used for recruitment, but might be considered as a method for future classes. Only six of the 136 expectant mothers interviewed reported that they did not have television sets; 14 stated that they did not have radios.

Although the effectiveness of methods of recruitment to the prenatal classes was not measured, it is felt very definitely that a personal contact was a very important factor in recruitment to the classes. It was also found to be important that a second contact be made within two or three days, and sometimes on the day of the class, to remind the expectant mothers and to confirm their plans to attend. After the project staff was known to the expectant mothers, the telephone seemed to be productive; 87 (64 per cent) of all expectant mothers in the project had telephones.

Other appliances that might make baby care easier were tabulated; 92 (68 per cent) of all included in the project had washing machines. Twelve women (9 per cent) had clothes dryers, 21 (15 per cent) had separate deep freezes, and 48 (35 per cent) had sewing machines. All but two had refrigerators and all but one had hot and cold running water in their homes.

The demonstration aspect of the project was completed December 31, 1968. The Milwaukee City Health Department had participated throughout the project, and on its completion made the decision to offer prenatal classes for expectant mothers in lower socioeconomic areas as a part of their ongoing health services to the community. Miss Mary Waver, B.S., R.N., who was formerly on the Health Department staff and assigned to the project, returned and was given responsibility for establishing the program in that agency. Prenatal classes have now been conducted by the agency for one year. The classes were started first at the Prenatal Clinic at 16th Street and North Avenue. Then they were expanded to include the other locations used in the project, namely the Community Programs Center on 3rd Street and Mt. Sinai Hospital. Recently other locations have been added. Initially the classes were offered during the day and later were expanded to include evening hours, as experience proved those hours best. Neighborhood aides are being employed successfully. The course outline has been modified to satisfy agency personnel, and the visual aids developed during the project are being utilized. The model developed through the project for prenatal classes for expectant mothers in lower socioeconomic neighborhoods is clearly adaptable for use by organized health services.

IV. SUMMARY AND CONCLUSIONS

This project demonstrated that expectant mothers who live in lower socioeconomic urban areas will attend prenatal classes. These women have not attended such classes in the past, either in Milwaukee or throughout the country. Although they did not attend as consistently as middle-class expectant mothers could be expected to do, they did come to the project classes quite regularly and indicated their interest by bringing other participants with them.

The most desirable site for the classes proved to be a hospital located near the mothers' homes, and the best time to hold meetings was in the evening. Transportation and babysitting were problems for many of the expectant mothers interviewed.

Clearly, organizations offering prenatal classes to mothers, such as those in Milwaukee's Inner City, must actively promote the classes and take definite measures to encourage attendance. It was recognized that in this project repeated personal contacts were needed to secure and retain class attendance and a contact shortly before the classes began served as a necessary reminder. The methods used proved successful in reaching the target population. The majority who attended were unwed, pregnant Negro girls, the group that has had the highest infant death rate.

Responses from the interviews revealed that health practices of expectant mothers who attended the classes were better than those of expectant mothers who did not attend. Responses also indicated (although this was not conclusively proven) that the participants' health practices improved after attending the classes. This included the quality of diet, although the nutrition of both groups was still very inadequate.

More time was spent on the health care of the mother in the series of classes that were offered. (See Appendix 4.) Responses to the interviews indicated that inclusion of more information on baby care was desired by some, and would be worthy of consideration.

It was noted that only a very small number of expectant mothers included in the project had done any family planning prior to the current pregnancy. Very few had previously used any method of birth control.

The majority of both groups of expectant mothers indicated satisfaction with health services in Milwaukee, but project findings show a very evident lack of public health nursing services for expectant mothers, both before the project began and during the time it was conducted.

The project has been, apparently, a successful attempt to design a model for prenatal classes that could be utilized by a health service agency for expectant mothers in a deprived area. The Milwaukee City Health Department has taken over the classes, which have now been a part of its regular ongoing program for a year, as this report is written. These classes follow the pattern that was developed during the project.

Such prenatal classes could be broadened to include contributions from other specialists like nutritionists, physicians, and social workers. The classes could also be made a part of comprehensive programs, such as those now being conducted with the Lady Pitts Family Living Service and the Inner City Development Project. These are programs recently started in Milwaukee that serve pregnant girls of high school age.

Future projects might be carried out to test the amount of learning that takes place in such classes and the effectiveness of different methods of teaching and of different methods of recruitment. The need for further data in other areas will probably become apparent as the work continues.

Expectant mothers and neighborhood aides who participated in this project asked for further classes on the care of the child after birth, growth and development, and child behavior. A project has now been started to provide group education in these areas for selected parents who have given birth to babies with health problems. Physicians, nurses, and social workers are collaborating with neighborhood aides from the community in conducting these parents' meetings.

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Appendix 1

PRENATAL EDUCATION PROJECT STAFF

Director: Mrs. Elizabeth A. Regan, B.S., M.S.N., R.N.
Associate Chairman
Department of Nursing
University of Wisconsin Extension

Project Staff:

Miss Marie J. Millington, B.S., M.P.H., R.N.
Project Coordinator

Miss Mary V. Waver, B.S., R.N.

Mrs. Lorene Hutchins, Neighborhood Aide

Mrs. Maxine Jeter, Neighborhood Aide

Mrs. Sandra Rhodes, Neighborhood Aide

Mrs. Gail Drenzek, Secretary

Miss Marilyn Gius, former part-time secretary

Miss Arlene Ramm, former part-time secretary

Miss Mary Thielen, former part-time secretary

Mrs. Ruth Zimmerman, former part-time secretary

Miss Lynn Zuehlsdorf, former part-time secretary

Participating Staff Following Test Series:

Mrs. Genevieve Bremeier, R.N.
Supervisor, Obstetric Nursing, Mt. Sinai Hospital

Miss Coleen Herschberger, R.N.
Staff Nurse, Obstetric Unit, Mt. Sinai Hospital

Mrs. Velda Kempf, R.N.
Head Nurse, Neonatal Intensive Care Nursery
Milwaukee County General Hospital

Miss Patricia Lyons, R.N.
Head Nurse, Prenatal Clinic,
Milwaukee County General Hospital

Mrs. Gertrud Neitzke, R.N.
Staff Nurse, Prenatal Clinic
Milwaukee County General Hospital

Mrs. Diane Zeiger, B.S., R.N.
Public Health Nurse

Other Neighborhood Aides:

Mrs. Edna Blackman

Mrs. Erma Coggs

Miss Gwendolyn Gillon

Mrs. Phanoid Jordan

Mrs. Flora Liston

Mrs. Willie Mae Patterson

Mrs. Gloria Jean Thomas

Mrs. Betty Voss

Mrs. Irene Watley

Mrs. Lula Westmoreland

Mrs. Mary Alice Wray

Appendix 2

PRENATAL EDUCATION PROJECT

ADVISORY COUNCIL AND COMMITTEES

Advisory Council:

Rev. Kenneth Bowen, Pastor of Mt. Moriah Baptist Church (a church in the project area)

Mrs. Myrtle Buettner, R.N., formerly Obstetric Nursing Supervisor, Milwaukee County General Hospital

Miss Helen Callon, R.N., formerly Maternal and Child Health Consultant, Department of Health and Social Services

Mrs. Erma Coggs (now deceased), formerly Coordinator of Neighborhood Aides

Mrs. A. L. Coomer, mother in the project area

Eleanor Delfs, M.D., Obstetrician, Milwaukee County General Hospital

William Dowling, Ph.D., formerly Director of Instructional Services, University of Wisconsin Extension

Virginia Downes, M.D., formerly Director of Department of Maternal and Child Health, Milwaukee City Health Department

Mrs. Pearl Emmerich, R.N., Supervisor of Obstetric Nursing, Milwaukee County General Hospital

William Finlayson, M.D., Obstetrician and Gynecologist practicing in the project area

Mr. Ray Herrmann, formerly Director of Social Services, Mt. Sinai Hospital

Inez Hinsvark, Ed.D., Dean, School of Nursing, University of Wisconsin-Milwaukee

Gertrude Howe, M.D., Director of Community Health Services, State Division of Health

Mrs. Marjorie Jothen, R.N., Director, Visiting Nurse Association, formerly Educational Coordinator, Visiting Nurse Association

E. R. Krumbiegel, M.D., Health Commissioner, Milwaukee City Health Department

Miss Emma Kuehlthau, R.N., formerly Director of Visiting Nurse Association

Miss Gertrude Mulaney, R.N., Superintendent, Bureau of Public Health Nursing, Milwaukee City Health Department

Theodore Pinnock, Ph.D., Tuskegee Institute, Alabama

Mrs. Patricia Ross, mother who attended prenatal classes

Mrs. Marcella Runkel, R.N., formerly Assistant Superintendent, Bureau of Public Health Nursing, Milwaukee City Health Department

Ernest Spaights, Ph.D., formerly Chairman of Health and Education Committee, Milwaukee Urban League

Miss Mildred Vogel, R.N., Assistant Administrator, Mt. Sinai Hospital

George Wagner, M.D., Bureau of Maternal and Child Health, Milwaukee City Health Department

Miss Margaret Wilhelm, R.N., Public Health Nurse, retired

Mrs. Frank Zeidler, representing 13th Ward Community Council in the project area

Milwaukee County Hospital Committee:

Mrs. Clara Brauer, R.N., Director of Nursing

Eleanor Delfs, M.D., Obstetrician

Mrs. Pearl Emmerich, R.N., Supervisor of Obstetric Unit

Mr. Duane Johnson, formerly Hospital Administrator

Mrs. Jessie Kyler, R.N., Supervisor of Nursing in the Outpatient Clinic

Miss Evelyn Mercer, R.N., formerly Director of Nursing

Mrs. Velma Vasolz, R.N., Assistant Director of Nursing

Mt. Sinai Hospital Committee:

Mrs. Genevieve Bremeier, R.N., formerly Supervisor of Obstetric Nursing

Mr. Howard Buckley, Assistant Hospital Administrator

Mr. Ray Herrmann, formerly Director of Social Services

Mrs. Maxine Mann, R.N., Director of Nursing Service

Mrs. Elizabeth Patterson, R.N., Supervisor, Outpatient Clinic

Miss Augusta Simon, B.S., R.N., Director, School of Nursing

Miss Mildred Vogel, R.N., Assistant Hospital Administrator

Appendix 3

_____ Office Number
Project 305
Fall, 1967

Interview Schedule

University Extension
The University of Wisconsin
Survey Research Laboratory

PRENATAL EDUCATION

1. This survey is part of a project to help mothers get ready for the birth of their babies and to care for their babies afterwards. In order to help you, we would like to learn something about you and your family. First of all, do you have any sons or daughters living here at home with you?

/Yes/ ↓ /No/ (GO TO Q 2)

1a. Would you tell me the full names of your children starting with the oldest. (RECORD BELOW)

(FOR EACH CHILD NAMED, ASK Q'S 1b AND 1c)

1b. What is (name's) relationship to you? (RECORD BELOW)

1c. What is his (her) age? (RECORD BELOW)

1a.	1b.	1c.
Full Name	Relationship	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Interviewer's Name: ____________________ Int. No.: ________

Date: ____________________ Time started: ________

2. Do you have any children who are not living here at home with you but who have lived in your home sometime in the past?

/Yes/ ↓ /No/ (GO TO Q 3)

2a. Would you tell me their full names? (RECORD BELOW)

(FOR EACH CHILD NAMED, ASK Q 2b THROUGH 2f.)

2b. What relationship is (name) to you? (RECORD BELOW)

2c. What is (name) sex? (RECORD BELOW)

2d. How old is he (she)? (RECORD BELOW)

2e. In what city and state does (name) now live? (RECORD BELOW)

2f. With whom is (name) now living? (RECORD BELOW AND GIVE RELATIONSHIP TO RESPONDENT IF CHILD IS LIVING WITH ANOTHER FAMILY

2a.	2b.	2c.	2d.	2e.	2f.
Name	Relationship	Sex	Age	City and State	With Whom Living
1.					
2.					
3.					
4.					
5.					

3. How many children have you had, if any, who are not now living?

/None/ or ________________(#)

(GO TO Q 4) ↓

(ASK FOR EACH CHILD)
3a. What was the sex of (FIRST, etc.) CHILD? (RECORD ON NEXT PAGE)

3b. How old was he (she) at the time of his (her) death? (RECORD ON NEXT PAGE)

3c. Could you tell me in just a few words what happened? (RECORD ON NEXT PAGE)

Child	3a. Sex	3b. Age	3c. What happened
(1)			
(2)			
(3)			

4. Are you now married, divorced, separated, deserted or never married?

/Married/ /Divorced/ /Separated/ /Deserted/ /Never married/

5. Does anyone live here besides you? (husband and children)...such as mother, father, grandmother, uncle or friend?

/Yes/ /No/
↓ (GO TO Q 6)

5a. What (is; are) the name(s)? (LIST EACH PERSON BELOW, RECORD SEX, THEN ASK Q's BELOW, AS APPROPRIATE, FOR EACH PERSON)

5b. What is this person's relationship to you? (RECORD BELOW)

5c. What is (NAME)'s age? (RECORD BELOW)

5d. At what job is (NAME) working? (RECORD BELOW)

5a. Name	Sex	5b. Relationship	5c. Age	5d. Occupation

6. Is your mother living? /Yes/ ↓ /No/ /Don't know/ (GO TO Q 7)

6a. Where does your mother live? _______ (CITY) _______ (STATE OR COUNTRY)

6b. About how often have you seen your mother during the past year? (SHOW CARD 1)

✓ CARD 1

_____A. Every day

_____B. Once or twice a week

_____C. Once or twice a month

_____D. Every few months

_____E. Once or twice a year

_____F. Less often

_____G. Never

7. (IF R IS MARRIED) Is your husband's mother living?

/Yes/ ↓ /No/ /Don't know/ (GO TO Q 8)

7a. Where does your husband's mother live? _______ (CITY) _______ (STATE OR COUNTRY)

7b. About how often have you seen your husband's mother during the past year? (SHOW CARD 1)

✓ CARD 1

_____A. Every day

_____B. Once or twice a week

_____C. Once or twice a month

_____D. Every few months

_____E. Once or twice a year

_____F. Less often

_____G. Never

8. Often household members do things together for work, fun, or other reasons. Which of the things listed on this card do any of the members of your household do together? (SHOW CARD 2 and check all that apply)

✓ CARD 2

____A. Shop

____B. Watch television

____C. Go to movies

____D. Swim

____E. Bowl

____F. Go to church

____G. Automobile riding

____H. Fish

____I. Play cards or other games

____J. Visit relatives or friends

____K. Other (SPECIFY)______________

____L. None

9. When there are problems in your home that cannot be solved by one person, are all members of your household helpful in solving them?

/Yes/ ↓ /No/ (GO TO Q 9b) /Don't know/ (GO TO Q 9b)

9a. Are some members more helpful than others?

/Yes/ /No/ /Don't know/

9b. Why do you feel this way? ______________________________

____

10. Some families are more closely knit than others. Would you say that members of your family here are very closely knit to one another, somewhat close, a little close or not at all close?

/Very close/ /Somewhat close/ /A little close/ /Not at all close/

11. In many homes there are times when all members of the household are present. Is your family ever together at mealtime?

/Yes/ ↓ /No/ (GO TO Q 12)

11a. Does your family eat together at all meals?

/Yes/ (GO TO Q 12) /No/ ↓

11b. Which meals do you usually eat together on weekdays?

/Breakfast/ /Noon meal/ /Evening meal/ /Snacks/

11c. Which meals do you usually eat together on weekends?

/Breakfast/ /Noon meal/ /Evening meal/ /Snacks/

12. What are some of your family's favorite foods? (RECORD BELOW)

13. (FOR EACH FOOD NAMED) About how often do you eat this food? (RECORD BELOW)

14. Is this food usually eaten at meal time or for snacks or both? (RECORD BELOW)

12. FAVORITE FOOD	13. FREQUENCY EATEN	14. MEALS, SNACKS, OR BOTH
1.		
2.		
3.		
4.		
5.		
6.		

15. What are some of your family's favorite beverages? (RECORD BELOW)

16. (FOR EACH BEVERAGE NAMED) About how often is this beverage served? (RECORD BELOW)

17. Is this beverage usually served at meal time or for snacks or both? (FOR EACH BEVERAGE SERVED; RECORD BELOW)

15. FAVORITE BEVERAGE	16. FREQUENCY SERVED	17. MEALS, SNACKS OR BOTH
1.		
2.		
3.		
4.		
5.		
6.		

18. Are you or any member of your household ill or disabled?

/Yes/ ↓ /No/ (GO TO Q. 19)

18a. Who is this? (RECORD NAME BELOW)

18b. What is his (her) relationship to you? (RECORD BELOW)

18c. What illness or disability does he (she) have? (RECORD BELOW)

18d. Has he (she) been under the care of a doctor for this condition? (RECORD BELOW)

18a.	18b.	18c.	18d.
NAME	RELATIONSHIP TO R	ILLNESS OR DISABILITY	UNDER DR.'s CARE

19. Have you, other than for having babies, or any member of your household ever had to go to a hospital or institution?

/Yes/ ↓ /No/ (GO TO Q 20)

19a. Who was this? (FOR EACH MEMBER NAMED, RECORD ON NEXT PAGE)

19b. What is his (her) relationship to you? (RECORD ON NEXT PAGE)

19c. What was the name of the institution? (RECORD ON NEXT PAGE)

19d. Why was it necessary for him (her) to go there? (RECORD ON NEXT PAGE)

19e. How long did he (she) stay there? (RECORD ON NEXT PAGE)

19f. Is he (she) there at present? (RECORD ON NEXT PAGE)

19a. NAME	19b. RELATIONSHIP	19c. HOSPITAL OR INSTITUTION	19d. REASON	19e. LENGTH OF STAY	19f. IS HE THERE NOW?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

20. Have your children who live here with you received the needed shots against communicable diseases?

/Yes/ /Some Have/ /No/ /No Children/ (GO TO Q 23)

21. We are interested in how often your children go to a doctor. Do they go regularly for checkups or only when they are sick?

/Regularly/ /Only when sick/

22. Do you have one certain doctor or clinic whom you contact for illness or injury that your children may have or do you select different doctors or clinics depending on the nature of their illness or injury or don't you use any regular doctor or clinic for them?

/Certain doctor/ ↓ /Certain clinic/ (GO TO Q 22d) /Different drs./ or clinics/ /No regular dr./ or clinic/ (GO TO Q 23)

22a. Is this person a general prac-itioner, specialist, osteopath, chiropractor, or what?

/GP/ ↓ /Specialist/ ↓ /Osteopath/ ↓ /Chirop./ ↓ /DK/, or Other: ↓ ________ (SPECIFY)

22b. What is his (her) name? ______________________

22c. Is this a medical clinic, an osteopathic clinic, a chiropractic clinic, or what?

/Medical/ ↓ /Osteopathic/ /Chiropractic/ /DK/, or Other: ↓ ________ (SPECIFY)

22d. What is the name of this clinic? ______________________

23. Do you have one certain doctor or clinic whom you contact for any illness or injury you may have, or do you select different doctors or clinics depending on the nature of your illness or injury, or don't you have any regular doctor or clinic that you use?

/Certain doctor/ ↓ /Certain clinic/ (GO TO Q 23d) /Different drs./ or clinics/ /No regular dr./ or clinic/ (GO TO q 24)

23a. Is this person a general practitioner, specialist, osteopath, chiropractor, or what?

/GP/ ↓ /Specialist/ ↓ /Osteopath/ ↓ /Chirop./ ↓ /DK/, or Other: ↓ ________ (SPECIFY)

23b. What is his (her) name? ______________________

23c. Is this a medical clinic, an osteopathic clinic, a chiropractic clinic, or what?

/Medical/ ↓ /Osteopathic/ /Chiropractic/ /DK/, or Other: ↓ ________ (SPECIFY)

23d. What is the name of this clinic? ______________________

24. Has any member of your family here ever gone to a dentist?

/Yes/ ↓ /No/ (GO TO Q 25)

24a. Would you tell me the names of those who have gone to a dentist in the last five years? (RECORD BELOW)

24b. (FOR EACH ONE NAMED) What is his relationship to you? (RECORD BELOW)

24c. How long has it been since (name) went to a dentist? (RECORD BELOW)

24d. For what reasons has he (she) gone to the dentist? (RECORD BELOW)

24e. Would you tell me all the places where he (she) received dental care during the past five years? (RECORD BELOW)

24f. Which of these places does he use regularly? (RECORD BELOW)

24a. NAME	24b. RELATIONSHIP	24c. LENGTH OF TIME	24d. REASONS	24e. PLACES	24f. REGULAR PLACE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

25. Which, if any, of the publications listed on this card do you ever read? (SHOW CARD 3, CHECK ALL THAT APPLY)

/Never/ / Read/ (GO TO Q 26) or ✓	CARD 3	Regularly	Often	Seldom
___	A. Journal	___	___	___
___	B. Sentinel	___	___	___
___	C. Star	___	___	___
___	D. Courier	___	___	___
___	E. Other newspapers	___	___	___
___	F. Magazines	___	___	___
___	G. Books	___	___	___
___	H. Comic books	___	___	___
___	I. Other (SPECIFY)			
	___________	___	___	___

25a. (IF MAGAZINES CHECKED) Which ones do you read? ____________

____

25b. (IF BOOKS CHECKED) What are the names of some of these books?

____

25c. (IF COMIC BOOKS CHECKED) Which are your favorite comic books?

____

(ASK NEXT QUESTION FOR EACH PUBLICATION CHECKED: RECORD ABOVE)
25d. Do you read the ____________ regularly, often, or seldom?

26. How long has it been since you borrowed a book from your neighborhood library?

____# Months ____# Years or /Never borrowed/

27. What is your favorite television program? ____________________

28. What is your favorite television channel? ____________(CHANNEL)

↓

28a. Why is this your favorite channel? ____________________

____

I'm going to read some things that people mention when they talk about services to their neighborhood. For each one, please tell me if you are very satisfied with it, satisfied, dissatisfied or very dissatisfied with it in this neighborhood. (SHOW CARD 4)

	CARD 4					
	Very Sat.	Sat.	Dis-Sat.	Very Dis-Sat.	Don't Really Care	Don't Know
29. Public transportation . . .	___	___	___ ↓	___ ↓	___	___
29a. Why do you feel this way? ___________						
30. Parks and playgrounds . . .	___	___	___ ↓	___ ↓	___	___
30a. Why do you feel this way? ___________						
31. Police Protection	___	___	___ ↓	___ ↓	___	___
31a. Why do you feel this way? ___________						
32. Fire protection	___	___	___ ↓	___ ↓	___	___
32a. Why do you feel this way? ___________						
33. Schools	___	___	___ ↓	___ ↓	___	___
33a. Why do you feel this way? ___________						
34. Welfare Department Services for people in this neighborhood	___	___	___ ↓	___ ↓	___	___
34a. Why do you feel this way? ___________						

CARD 4

	Very Sat.	Sat.	Dis-Sat.	Very Dis-Sat.	Don't Really Care	Don't Know
35. Building inspection in this area	____	____	↓	↓	____	____

35a. Why do you feel this way? ______________________________

Specifically, how satisfied are you with each of the following health services?

	Very Sat.	Sat.	Dis-Sat.	Very Dis-Sat.	Don't Really Care	Don't Know
36. Health services for people in this area.	____	____	↓	↓	____	____
36a. Why do you feel this way? ______________________________						
37. City Health Department. . .	____	____	↓	↓	____	____
37a. Why do you feel this way? ______________________________						
38. Nurses who visit homes . .	____	____	↓	↓	____	____
38a. Why do you feel this way? ______________________________						
39. Hospitals	____	____	↓	↓	____	____
39a. Why do you feel this way? ______________________________						
40. Hospital Clinics	____	____	↓	↓	____	____
40a. Why do you feel this way? ______________________________						

	CARD 4					
	Very Sat.	Sat.	Dis-Sat.	Very Dis-Sat.	Don't Really Care	Don't Know
41. Nursing in hospitals . . .	____	____	____ ↓	____ ↓	____	____

41a. Why do you feel this way? ______________________________

____

42. Doctors	____	____	____ ↓	____ ↓	____	____

42a. Why do you feel this way? ______________________________

____

43. We're interested in the different clubs and organizations people may belong to. Do you happen to belong to any of the groups like those on this card? (SHOW CARD 5; CHECK EACH TYPE OF MEMBERSHIP NAMED)

/No Memberships/
(GO TO Q 44)

or	✓		CARD 5	USUALLY ATTEND?	OFFICER OR COMM. MEM.
	____	A.	Any Parent Teacher Group	____	____
	____	B.	Church connected groups (Ladies Aid, Young Matrons, etc.)	____	____
	____	C.	Fraternal organizations such as lodges, auxiliaries, etc.	____	____
	____	D.	Recreational or social clubs	____	____
	____	E.	Neighborhood Clubs; Community Center	____	____
	____	F.	Civil Rights Clubs	____	____
	____	G.	Labor Unions	____	____
	____	H.	Professional or business groups	____	____
	____	I.	Civic or Community improvement groups	____	____
	____	J.	Groups concerned with health (such as volunteer or other health groups)	____	____
	____	K.	Other (SPECIFY) ____________	____	____

(ASK THESE QUESTIONS FOR EACH ONE CHECKED AND RECORD ON PREVIOUS PAGE)

43a. Do you usually attend the meetings?

43b. Are you now, or have you ever been, an officer or committee member of this group?

People have different ideas about what is important in life. We would like to know how important each of the following is to you. Would you say it is very important, quite important, slightly important, or not important at all?

CARD 6

A. Very important	C. Somewhat important
B. Quite important	D. Slightly important
	E. Not important

44. Having a warm and friendly life at home. ____(LETTER, CARD 6)

45. Being free of sickness. ____(LETTER)

46. Holding a political office. ____(LETTER)

47. Having a religious faith that gives you strength when you really need it. ____(LETTER)

48. Having a job that you know will be there the next day. ____(LETTER)

49. Having enough money to buy some of the luxuries of life when you want them. ____(LETTER)

50. Reading the newspapers every day. ____(LETTER)

51. Helping to improve the community. ____(LETTER)

52. Having the same chance as anyone else to get a good job, live where you want to, and choose your own friends. ____(LETTER)

53. Having many children in your family. ____(LETTER)

54. Providing the opportunity for your family to develop healthy bodies and minds. ____(LETTER)

55. We would like to know the meal patterns of expectant mothers. Starting with the last food and drink you had yesterday and working back, would you tell me what you ate and drank each time you had a meal or snack? (RECORD BELOW)

56. What time was it when you ate this food and drink? (RECORD BELOW)

57. Was this a meal or a snack? (RECORD BELOW)

55. Foods and Drinks	56. Time	57. Meal or Snack

58. Do you usually eat and drink like this? /Yes/ (GO TO Q 59) /No/ ↓

58a. What was different yesterday than your usual way of eating and drinking? ____________________

____

59. Since you have become pregnant have you had a craving for certain foods or anything?

/Yes/ ↓ /No/ (GO TO Q 60)

59a. For what have you had a craving? ____________________

____

60. Have you ever eaten clay or starch during this or any other pregnancy?

/Yes/ ↓ /No/ (GO TO Q 61)

60a. Why did you do this? ____________________

61. We are interested in how healthy you are. Would you say your health is very good, good, fair or poor?

/Very good/ /Good/ /Fair/ /Poor/

62. Why do you say so? ____________________

____

63. How have you been feeling during this pregnancy?

/Very well/ (GO TO Q 64) /Quite well/ ↓ /Fairly well/ ↓ /Not well at all/ ↓

63a. In what ways have you not been feeling well? ____________________

____

63b. During what month(s) of pregnancy have you not been feeling well?

____

63c. Have you done anything about this? /Yes/ ↓ /No/ (GO TO Q 64)

63d. What have you done? ____________________

____

63e. Who told you to do this? ____________________

____

64. Do you take any medicine? /Yes/ ↓ /No/ (GO TO Q 65)

64a. Who told you to take the medicine? ____________________

65. How many hours of sleep do you usually get a night? ____________(hrs.)

66. Do you feel rested when you wake up?

/Always/ (GO TO Q 67) /Sometimes/ ↓ /Never/ ↓ /Don't Know/ (GO TO Q 67)

66a. Why do you think this is so? ____________________

____

67. How often do you lie down and rest during the day?

/Very often/ (GO TO Q 68)   /Quite often/ (GO TO Q 68)   /Seldom/ ↓   /Never/ ↓

67a. Why don't you lie down and rest during the day? ____________________

____

____

68. We are interested in knowing how much exercise you are getting. Do you exercise very often, quite often, some, or very little?

/Very often/ ↓   /Quite often/ ↓   /Some/ ↓   /Very little/ ↓   /Never/ (GO TO Q 69)

68a. What are your usual kinds of exercise? ____________________

____

69. Are you on a special diet?   /Yes/ ↓   /No/ (GO TO Q 70)

69a. What is your special diet? ____________________

____

69b. Who suggested this diet to you? ____________________

____

70. How many pounds have you gained during this pregnancy? ____(lbs.) /DK/

71. How much close contact have you had with babies?

/Much/   /Some/   /Little/   /No contact/

72. What are the names of places in Milwaukee where expectant mothers can go for medical care before the baby is born? ____________________

____

73. Which of the sources listed on this card do you find useful when you want information about health? (SHOW CARD 7; CHECK ALL THAT APPLY)

/None/ or ✓ ______ CARD 7
(GO TO Q 77)

____ A. Newspapers

____ B. Books

73a. (IF BOOKS CHECKED) Which ones have you read? ____________

____

____ C. Nurses

____ D. Neighbors

____ E. Magazines

73b. (IF MAGAZINES CHECKED) Which ones do you read? ____________

____

____ F. Radio

____ G. Doctors

____ H. Relatives

____ I. Health Journals

73c. (IF HEALTH JOURNALS CHECKED) Which ones do you read? ____________

____

____ J. Television

____ K. Friends

____ L. Other ____________
(SPECIFY)

74. Which of these sources has been most useful when you wanted information about how to take care of yourself during pregnancy and the new baby?

_____ (LETTER, CARD 7)

75. Which was next? _____ (LETTER)

76. What others, if any, were helpful? ____, ____, ____, ____ (LETTERS)

77. When do you expect to have your baby? ____(mo.) ____(day) ____(yr.)

78. Have you seen a doctor during this pregnancy? /Yes/ (GO TO Q 79) /No/ ↓

78a. Why have you not seen a doctor? ____________

____

____

78b. Are you getting any kind of care at present? /Yes/ ↓ /No/ (GO TO Q 91)

79. Where are you getting this care? (SHOW CARD 8; CHECK ALL THAT APPLY)

✓ CARD 8

____ A. Milwaukee County Hospital

____ B. Other Hospital Clinics (NAME) ____________________

____ C. Family doctor

____ D. Specialist who delivers babies

____ E. Osteopath

____ F. Other (SPECIFY) ____________________

80. During what month of your pregnancy did you begin this care? ____ (mo.)

81. How many times so far have you received care? ____ (times)

(IF R HAS NOT SEEN A DOCTOR GO TO Q 91)

82. We would like to know how you feel about the doctor who is taking care of you during this pregnancy. First of all, do you feel free to talk with him about problems?

/Yes/ /No/ /Don't know/

83. Do you feel free to telephone him when you have questions?

/Yes/ /No/ /Don't know/

84. In your opinion is he a good doctor? /Yes/ /No/ /Don't know/

85. Do you have a lot of trust in him? /Yes/ /No/ /Don't know/

86. Does he usually give you the feeling he is too busy to answer your questions?

/Yes/ /No/ /Don't know/

87. Is he interested in your condition? /Yes/ /No/ /Don't know/

88. Do you like him? /Yes/ /No/ /Don't know/

89. Would you recommend him highly to friends? /Yes/ /No/ /Don't know/

90. Why do you say so? ____________________

____

____

91. How important do you think it is to see a doctor during your pregnancy? Would you say it is very important, quite important, neither important or unimportant, quite unimportant, or very unimportant?

/Very imp./ /Quite imp./ /Neither imp. nor unimp./ /Quite unimp./ /Very unimp./ /DK/

92. When do you think an expectant mother should go to the doctor for the first time?

/Don't know/ (GO TO Q 93) or ____________

92a. Why do you feel this way? ____________

____

____

93. How do you feel about having this baby? ____________

____

____

(IF R IS NOT MARRIED, GO TO Q 97)

94. What were your husband's feelings when he first knew you were going to have this baby? ____________

____

____

95. Did you and your husband plan to have this baby? /Yes/ /No/ (GO TO Q 97)

96. Before you became pregnant had you used any form of birth control?

/Yes/ /No/ (GO TO Q 97)

96a. What method did you use? ____________

97. Do you ever plan to have other children? /Yes/ /No/

(RECORD COMMENTS, BUT DO NOT PROBE)

____

____

98. Who would you prefer to have attend you when you deliver your babies?

/Doctor/ /Midwife/ /Someone else/ (SPECIFY) ____________

99. Do you expect to have anyone staying in the home who will help you after the birth of this baby?

/Yes/ ↓ /Maybe/ ↓ /No/ (GO TO Q 100) /Don't know/ (GO TO Q 100)

99a. Who will give this help? (RECORD IN RELATIONSHIP TO R)

____

100. Do you expect to get help after the baby is born from anyone not staying in your home?

/Yes/ ↓ /No/ /Don't know/ (GO TO Q 101)

100a. Who from outside your home will help you? (GIVE RELATIONSHIP TO R)

____

100b. Will you get a lot of help, some help or very little?

/A lot/ ↓ /Some/ ↓ /Very little/ ↓ /Don't know/ (GO TO Q 101)

100c. What kinds of help will you get from these people? ____________

____

101. Do you feel the same as your parents did concerning the care a woman needs during pregnancy?

/Yes/ (GO TO Q 102) /Somewhat/ ↓ /No/ ↓ /Don't know/ (GO TO Q 102)

101a. How is your attitude different from theirs? ____________

____

____

102. Have you talked with any public health nurse, other than those holding classes, during this pregnancy?

/Yes/ ↓ /No/ (GO TO Q 103)

102a. About how many times? ________(times)

103. Have you attended any classes for expectant mothers during this pregnancy?

/Yes/ ↓ /No/ (GO TO Q 117)

104. How many have you attended? ________(classes)

105. How did you find out about these classes? ____________________

____

____

106. Where did you attend them? ____________________

107. Why did you choose to go there? ____________________

____

108. In your opinion, where would have been the best place to hold these classes? ____________________

____

109. Did any problems arise, that made it hard for you to attend the classes?

/Yes/ ↓ /No/ (GO TO Q 110)

109a. What were those problems? ____________________

____

110. What day of the week did you attend these classes? __________(day)

111. Would a different day have been more convenient? /Yes/ ↙ /No/ (GO TO Q 112)

111a. Which day? ____________________(day)

111b. Would (day) have been a great deal, somewhat or slightly more convenient?

/Great deal/ /Somewhat/ /Slightly/

112. Why did you decide to go to the classes? (Any other reasons?)

____

____

____

113. What do you feel you got out of these classes? (Anything else?)

/Nothing/, or ______________________________

____

____

____

114. Are you putting into practice what you learned in the classes?

/Yes/ ↓ /No/ (GO TO Q 115)

114a. What are you doing now that you did not do before? __________

____

____

115. How could these classes have been made more helpful to you? (Anything else?)

____

____

____

116. Did you complete the entire session of classes?

/Yes/ (GO TO Q 121) /No/ ↓

116a. Why did you not attend all the classes? __________

____

116b. Would you have attended more if they had been in a different place?

/Yes/ (GO TO Q 121) /No/ (GO TO Q 121)

117. Did you know there were classes being offered in your neighborhood for expectant mothers?

/Yes/ ↓ /No/ (GO TO Q 120)

118. Where did you hear about these classes? ______________________

____

119. What were your reasons for not attending? ______________________

____

____

120. During future pregnancies would you be willing to attend classes for expectant mothers?

/Yes/ ↓ /No/ /DK/ (GO TO Q 120c)

120a. Where would you like to attend them? ______________________

____

120b. What would be the best time of day for you to attend?

_______ (time)
(GO TO Q 121)

120c. Why do you feel this way? ______________________

____

____

(IF THIS IS R'S FIRST PREGNANCY GO TO Q 158)

(IF THIS WAS R'S FIRST PREGNANCY, BUT SHE HAS DELIVERED GO TO Q 139)

121. Did you ever attend classes for expectant mothers during any of your other pregnancies?

/Yes/ ↓ /No/ (GO TO Q 124)

122. How many other classes did you attend? ___________(# classes)

123. What did you learn from these classes? /Nothing/ or ____________

____

____

124. Did you ever talk with a public health nurse during any of your other pregnancies?

/Yes/ ↓ /No/ (GO TO Q 125) /Can't remember/ (GO TO Q 125)

124a. About how many times? ______ (times)

125. Has anyone ever come to stay in your home to help you when you had any of your babies?

/Yes/ ↓ /No/ (GO TO Q 126)

125a. How many times? ______ (times)

125b. Who came to stay with you? (RECORD IN RELATIONSHIP TO R)

____

126. Have you ever gone to stay at someone else's home when you had a baby?

/Yes/ ↓ /No/ (GO TO Q 127)

126a. With whom did you stay? (RECORD IN RELATIONSHIP TO R)

____

126b. In what city (ies) and state(s)? ____________ (CITY), ____________ (STATE)

127. Next, we would like to ask about any health problems you may have had during previous pregnancies. How many times have you been pregnant before this, including any miscarriages or still births you may have had?

______(#) (GO TO Q 128) or /None/ (GO TO Q 158)

(ASK Q'S 128 THROUGH 132 FOR EACH PREGNANCY STARTING WITH THE FIRST)

128. In what month of your pregnancy did you first see the doctor? (RECORD BELOW)

129. Did you go to your family doctor, a clinic, osteopath, a specialist, or where? (RECORD BELOW)

130. How many times did you see a doctor before this baby was born? (RECORD BELOW)

131. What difficulties, if any, did you have during this pregnancy? (RECORD BELOW)

132. Did this pregnancy result in a live birth, still birth or miscarriage? (RECORD BELOW)

	128.	129.	130.	131.	132.
# of Preg.	Month Dr. first seen	Source of medical care	No. of times saw Dr.	Difficulties during pregnancy	Live birth, Still birth, or miscarriage
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(ASK Q'S 133 THROUGH 138a FOR EACH PREGNANCY STARTING WITH THE FIRST AND RECORD BELOW)

133. How many months did you carry the baby for each of your pregnancies before either miscarrying or delivering a baby? (RECORD BELOW) (IF MISCARRIAGE DO NOT ASK QUESTIONS 134 THROUGH 138a.)

134. Was this baby born in a hospital, at home, or somewhere else? (RECORD BELOW)

135. Was this a normal delivery, were instruments used, or did you have a cesarean section? (RECORD BELOW)

136. What trouble, if any, did you have during the delivery of this baby? (RECORD BELOW)

137. Was the baby delivered by a doctor, midwife, or someone else? (RECORD BELOW)

138. Did the baby leave the hospital at the same time you left?

/Yes/ (GO TO Q 139) /No/ ↓

138a. Why did the baby not leave with you? (RECORD BELOW)

No. of Preg.	133. Mos. Carried	134. Place of Delivery	135. Type of Delivery	136. Difficulties during labor and delivery	137. Attendant at Delivery	138. Did baby leave? Yes	No	138a. Reason baby stayed in hospital longer
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

(HAS R EVER GIVEN BIRTH TO A CHILD?) /Yes/ ↓ /No/ (GO TO Q 158)

139. We would like to know about the first few weeks after your babies were born. Did you yourself ever have any health problems following childbirth? (RECORD AGES OF CHILDREN BELOW AND ASK Q'S 139a THROUGH 139c FOR EACH CHILD)

/Yes/ ↓ /No/ (GO TO Q 139b)

139a. What was the problem? (RECORD AT APPROPRIATE NUMBER BELOW)

139b. Did you have a medical exam within 6 wks. after the birth of (EACH) baby?

139c. Did (EACH) baby have a medical exam when four to six weeks old? (RECORD BELOW)

139a.	139a.	139b.	139c.
Ages of Child	Problems after Childbirth	Did mother have 6 wks. exam?	Did baby have 4 to 6 wks. exam?

140. We all know that each generation has its own way of bringing up children. Would you say that your methods are very different from those of your parents, somewhat different, or not different at all?

/Very different/ /Somewhat different/ /Not different at all/ (GO TO Q 141) /DK/ (TO Q 141)

↓ ↓

140a. How are your methods different? ______________________

____

____

141. How do your methods of bringing up children compare with those of your husband's (boy friend) parents?

/Very different/ /Somewhat different/ /Not different at all/ (GO TO Q 142) /DK/ (TO Q 142)

↓ ↓

141a. How are your methods different? ______________________

____

____

142. When people, such as relatives, neighbors, or friends have given you advice about how to take care of your babies would you say you have listened and followed the advice, listened and didn't follow the advice, or refused to listen?

/Listened and followed/ /Sometimes listened and followed/ /Listened and didn't follow/ /Refused to listen/

143. We would be interested in knowing how you fed your babies. Did you feed them by breast, bottle or both breast and bottle?

/Breast/ (GO TO Q 145) /Bottle/ /Both/

↓ ↓

143a. (NUMBER BABIES 1, 2, 3, etc. AND RECORD ON THE NEXT PAGE FOR EACH BABY) Did you sterilize the formula?

/Yes/ (RECORD ON NEXT PAGE) /No/ (RECORD ON NEXT PAGE AND GO TO Q 143d)

143b. Did you sterilize the bottles and formula separately or did you sterilize them together? (RECORD ON NEXT PAGE)

143c. How long did you boil it (them)? ____(minutes) (RECORD ON NEXT PAGE)

143d. How often did you usually make formula? (RECORD ON NEXT PAGE)

143.		143a.	143b.	143c.	143d.
No. of baby	Type of feeding	Sterilize formula?	Type of sterilizing?	Minutes boiled?	How often formula made?

144. Did you usually hold your babies when you were feeding them or did you prop the bottle?

/Hold/ ↓ /Prop/ ↓ /Both/ ↓

144a. Why did you do this? ______________________________

____

145. What was the first solid food usually added to your babies' diet? What was added next? And next? (RECORD BELOW)

145.	146.
FOOD	BABY FOOD OR TABLE

146. (FOR EACH FOOD NAMED) Was this regular baby food, or was it from the table? (RECORD ABOVE)

147. At what age did you usually start this solid food? ____(age)

148. How did you usually feed these first solid foods to your babies, with a spoon or did you add it to the formula? ______________________

____

149. What were the first solid foods your mother fed her babies?

/Don't know/ or ____

150. Was this regular baby food or was it from the table?

/Regular/ /Table/ /Don't know/

151. At what age did your mother usually start feeding her babies solid food?

______ (age)

152. How did she usually feed these foods to her babies? /Don't know/

or ____

153. Regarding baby clothing, did you usually wash it separately or with the family washing?

/Separately/ /With family wash/

154. Did you wash diapers separately, with other baby clothing, or in with the rest of the family washing?

/Separately/ /Other baby clothing/ /Family wash/

155. When not using an automatic, how many times did you usually rinse diapers?

______ (times)

156. Where did your babies usually sleep for the first three months? In a separate room, a room with you, in a room with other children or where?

/Separate room/ /Room with parents/ /Room with other child/ Other: (SPECIFY) ______________________

157. Did your newborn babies usually sleep with you, in a bassinet, a baby bed or some other kind?

/Parents/ /Bassinet/ /Baby bed/ Other: (SPECIFY) ______________________

158. Now I have a few remaining background questions. The answers will help us interpret the results of the study. First of all, how many years have you lived in Milwaukee?

____(yrs.) or /All life/ (GO TO Q 159)

↓

158a. Why did you move to Milwaukee? ______________________________

____

____

159. Do I have your correct name and address? (RECORD AND READ FROM COVER SHEET)

/Yes/ ↓	/No/ ↓
Name ____________ (Corrected)	Name ____________
Address ____________ (Corrected)	Address ____________

160. In what specific month and year did you move to this address?

_____(month) _____(year)

161. How many times have you moved to a different city in the last five years?

_____(times) or /None/

162. Do you plan on moving within the next six months?

/Yes/ ↓ /No/ /DK/ (GO TO Q 163)

162a. Where do you plan to go?

____________ (Street) ____________ (City) ____________ (State)

163. Do you own outright the home you are living in, are you buying it or do you rent?

/Own/ (GO TO Q 164) /Buying/ ↓ /Rent/ (GO TO Q 164) Other: (SPECIFY)____________ (GO TO Q 164)

163a. What is the balance still due on your home? $____________

164. How many rooms are there in your living quarters including the bathroom?

_____ (rooms)

165. How many separate bedrooms do you have? ____________(Bedrooms)

166. We are interested in some of the conveniences you may have. First of all, do you have an automobile?

/Yes/ ↓ /No/ (GO TO Q 167)

166a. How many? _________(#)

166b. What is the year and make of your car(s)?

CAR 1	CAR 2
___________________(YEAR)	___________________(YEAR)
___________________(MAKE)	___________________(MAKE)

167. Do you have a telephone(s)? /Yes/ ↓ /No/ (GO TO Q 168)

167a. How many phones do you have? ______(#)

167b. Is it (are they) Princess, trimline, or standard?

Princess ____(#) Trimline ____(#) Standard ____(#)

168. How about radios? How many, if any, do you have?

____(#) (TO Q 168a) or /None/ (GO TO Q 169)

168a. How many are AM? ____(#) AM-FM? ____(#)

FM? ____(#) Short wave? ____(#)

Transistor? ____(#)

169. Do you have a clothes dryer? /Yes/ /No/

170. How many television sets, if any, do you have?

____(#) ↓ or /None/ (GO TO Q 171)

170a. How many are portable black and white? _____(#)

Portable color? _____(#) Console black and white? _____(#)

How many are console color? _____(#)

171. Do you have a sewing machine? /Yes/ ↓ /No/ (GO TO Q 172)

171a. Is it treadle or electric? /Treadle/ /Electric/

172. How about separate deep freeze? Do you have one (or more)?

/Yes/ ↓ /No/ (GO TO Q 173)

172a. Is it an upright or chest? /Upright/ /Chest/

173. Do you have a washing machine? /Yes/ ↓ /No/ (GO TO Q 174)

173a. Is it an automatic or wringer type?

/Automatic/ /Wringer/ /Spin Dryer/

174. Do you have a refrigerator? /Yes/ /No/

175. And finally, do you have hot and cold water in your living quarters?

/Yes/ /No/

176. What is your religious preference now, if any? /None/ or

/Protestant/ ↓ /Roman Catholic/ /Jewish/ (GO TO Q 177) Other: ____________ (GO TO Q 177)

176a. What denomination is that? ______________________________

177. About how often do you attend religious services? (SHOW CARD 9)

CARD 9

____ A. At least once a week

____ B. Few times a month

____ C. Once a month

____ D. Few times a year

____ E. Once a year

____ F. Less often

____ G. Never

178. What is your present age? _____(yrs.)

179. How many brothers and sisters have you had? ____(#) ↙ /None/ /DK/ (GO TO Q 180)

179a. How many were older than you? ____(#)

179b. How many were younger? ____(#)

180. How many children other than yourself, if any, were in the home when you were growing up?

____(#) /None/ (GO TO Q 181)

180a. How many of these other children were older than you? ____(#)

180b. How many were younger? ____(#)

181. Here are a few questions about education. What is the highest grade of school or year of college you finished?

____(SCHOOL) (GO TO Q 182) ____(COLLEGE)

181a. What was the name of the college? ____________

182. Have you ever taken any other training anywhere including vocational school, secretarial school or non credit courses?

/Yes/ /No/ (GO TO Q 183)

182a. What is the name of the school(s)? ____________

IF R NOT NOW MARRIED GO TO Q 187

183. What is your husband's present age? ____(yrs.)

184. What is his occupation? (BE SPECIFIC) ____________

185. What was the highest grade of school or year of college your husband completed?

____(SCHOOL) (GO TO Q 186) ____(COLLEGE)

185a. What is the name of the college? ____________

186. Has he ever taken any other training anywhere including vocational school or non credit courses?

/Yes/ /No/ (GO TO Q 187)

186a. What is the name of the school(s) or training center(s)?

____

187. What is the average earning -- before taxes -- of any job you may have? $_______ per_______

IF OTHER HOUSEHOLD MEMBERS OVER 12 YEARS OLD LISTED ON COVER SHEET, ASK NEXT Q)

188. How many other wage earners are there in your family?

/None/ (GO TO Q 189) or _______(#) ↓

188a. What is the total average monthly base pay -- before taxes -- of all these other family members? $_________________

189. Do you or does anyone in your family receive any income from welfare?

/Yes/ ↓ /No/ (GO TO Q 190)

189a. How much does this amount to each month? $_________________

190. How about A.D.C. (Aid to Dependent Children)?

/Yes/ ↓ /No/ (GO TO Q 191)

190a. How much is this each month? $_________________

191. Does your family purchase food stamps? /Yes/ ↓ /No/ (GO TO Q 192)

191a. How much do you pay for these food stamps? $_______per_______

191b. What is the purchase value of the stamps? $_______

192. Does anyone in your family receive Social Security?

/Yes/ ↓ /No/ (GO TO Q 193)

192a. What are the monthly benefits? $_______________

193. Does your family have any income from rent?

/Yes/ ↓ /No/ (GO TO Q 194)

193a. What is the total income from rent(s) each month? $______(mo.)

194. Does anyone in the family have income from any sources that we haven't asked about?

/Yes/ ↓ /No/ (GO TO Q 195)

194a. How much would you say this adds to the family income each month?

$ ____________(per mo.)

195. Which of the insurances listed on this card, if any, does your family carry? (SHOW CARD 10)

/None/ or (GO TO Q 196)

✓ CARD 10

____ A. Straight life

____ B. Endowment

____ C. Burial

____ D. Sickness and Accident

____ E. Hospitalization

____ F. Automobile

____ G. Private Property

____ H. Other (SPECIFY) (GO TO Q 197)

196. (IF NO INSURANCE) Why does your family carry no insurance? ______

____

____

197. Having a baby always means additional expenses. These days most of us buy things on credit. What would you say is the total amount of household unpaid bills, including loans? (INCLUDE HOME IF THEY ARE BUYING IT.) (SHOW CARD 11)

✓ CARD 11

____ A. $0 - $99

____ B. $100 - $199

____ C. $200 - $299

____ D. $300 - $499

✓ CARD 11 (con't)

____ E. $500 - $999

____ F. $1,000 - $2,999

____ G. $3,000 - $4,999

____ H. Over $5,000

198. Do you want a boy or a girl? /Boy/ /Girl/ /No Preference/

199. Have you decided on a name for the new baby?

/Yes/ ↓ /No/ (TERMINATE)

199a. What name have you picked?

_____________________ (boy) ____________________(girl)

(TERMINATE)

INTERVIEWER'S SUPPLEMENT

1. This interview ended at ____________(A.M., P.M.)

2. Respondent's race: /Negro/ /Puerto Rican/ /White/ Other: ____________ (SPECIFY)

3. Type of structure in which respondent lives:

/Detached single family house/ /Apartment house (5 or more units)/

/Apartment in partly commercial structure/ /Detached 2-4 family house, or row house/

Other: ______________________________ (SPECIFY)

4. Condition of dwelling:

/Good/ /Needs major repairs/ /Needs minor repairs/ /Unfit for use/

5. Did any aspects of home appear to be unsafe?

/Yes/ ↓ /No/ (GO TO Q 6)

5a. If yes, describe: ______________________________

____

6. Was respondent's clothing loose and not binding?

/Yes/ /Yes, quite/ /No/

7. Was respondent wearing:

____ Shoes with high heels

____ Shoes with medium heels

____ Shoes with low heels

____ House slippers

____ Not wearing shoes

8. Did respondent appear: /Rested/ /Tired/ /Don't know/

9. Respondent's cooperation was:

/Very good/ /Good/ /Fair/ /Poor/

10. Other persons present at interview were: ______________________________

____

____

Appendix 4

PRENATAL CLASS COURSE CONTENT

1. Prenatal Care
    a. Signs of pregnancy
    b. Importance of medical care
    c. The medical examination
    d. Signs of trouble

2. Body Changes and Care During Pregnancy
    a. Body changes during pregnancy
    b. Health care during pregnancy
    c. Dealing with discomforts of pregnancy
    d. Nutrition
        (1) Foods needed by the family
        (2) Foods needed by the expectant and nursing mother
        (3) Consideration of preferences of foods and methods of preparation in relation to above needs
        (4) Purchase of foods for quality and economy

3. Anatomy and Physiology of Reproduction
    a. Organs of parenthood
    b. Relationship of reproductive organs to other organs
    c. Menstrual cycle
    d. Fertilization of ovum and growth of the fetus

4. Labor and Delivery
    a. Prelude to labor
    b. Beginning of labor
    c. Admission to hospital
    d. Stages of labor and care at each stage

5. Mother After Childbirth
    a. Care given to mother and her reactions to childbirth
        (1) Right after birth of baby
        (2) Remainder of hospital stay
        (3) After hospital discharge

6. Supplies for the Baby and Baby's Bath
    a. Supplies
        (1) Layette
        (2) Bathing
        (3) Feeding
        (4) Furniture
    b. Bath
        (1) Observation of characteristics of the newborn
        (2) Assembling bath supplies
        (3) Techniques of bathing

7. Feeding the Baby and the New Baby in the Family
    a. Feeding the Baby
        (1) Breast feeding
        (2) Preparation of the formula
        (3) Formula feeding
        (4) Burping
        (5) Weaning

    b. The New Baby in the Family
        (1) Family adjustment
        (2) Medical supervision
        (3) Use of community services

After the test series, an eighth class was offered, with breathing and relaxation methods demonstrated and practiced. Exercises were included for those who had the written permission of their attending physician. The project nurses received training in the relaxation methods from nurses from the Natural Childbirth Association.

STUDY GUIDE FOR THE MOTION PICTURE

EATING FOR TWO . . . a story of nutrition for expectant parents

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PRODUCED BY UNIVERSITY EXTENSION, THE UNIVERSITY OF WISCONSIN, MADISON, WISCONSIN

Writer-Director: Jackson Tiffany

Produced for: Prenatal Education Project conducted by the Department of Nursing, University Extension, The University of Wisconsin, Milwaukee
Elizabeth Regan, R.N., Project Director
Marie Millington, R.N.
Mary Waver, R.N.

Based on the findings from the doctoral study of Norge Jerome, Ph.D., Nutritionist-Anthropologist, in the Department of Foods and Nutrition, School of Home Economics, The University of Wisconsin

FILM FACTS

Subject area: nutrition, prenatal care
Audience: expectant parent classes, home economics classes (high school, college), nursing education, adult groups
Length: 22 minutes, color, sound
Price: $4.25 rent; $140.00 purchase
BAVI catalog number 6946

Synopsis

This is a story of nutrition for expectant mothers, filmed in the central city of Milwaukee, Wisconsin. "Eating for Two" focuses on events in the lives of a young Negro family consisting of the pregnant mother, the father, and one preschool child. The film takes into consideration food preferences and methods of meal preparation indigenous to the Southeastern United States.

The film opens with Mrs. Clark preparing to shop with her family. Via flashback, her thoughts revert to her first pregnancy. First she remembers her doctor's advice concerning her nutritional needs during pregnancy and the Public Health Services available to her and her family. As the scene changes, Mrs. Clark and a public health nurse are in a discussion of food preference, meal planning, food selection and preparation. The film then progresses to the weekly family shopping expedition at the neighborhood supermarket where food selections are made and discussed. Home again, Mrs. Clark relates the daily nutritional needs of her family to her special needs during pregnancy in actual preparation and eating of meals with her family.

Basic Concepts Presented

1. The health of the mother and the infant is related to the mother's diet during pregnancy.
2. The pregnant woman can meet her nutritional needs by simple adjustment in well-balanced family meals.
3. Adequate diets require planning.
4. Care in planning simplifies shopping and controls expense.
5. Dietary needs of the family can be met without sacrificing enjoyable foods.
6. Pregnancy is a family experience.

Use of the Film

Members of the audience may be asked to recall and to record what they have eaten the previous day as a preparation for showing the film and the discussion afterward.

The following chart is used in the film and may be duplicated for use when discussing the film and when using the above recall records:

DAILY FOOD NEED CHECKLIST - MINIMUM DAILY NEEDS

For normal adult. Includes additional needs for pregnancy and lactation.

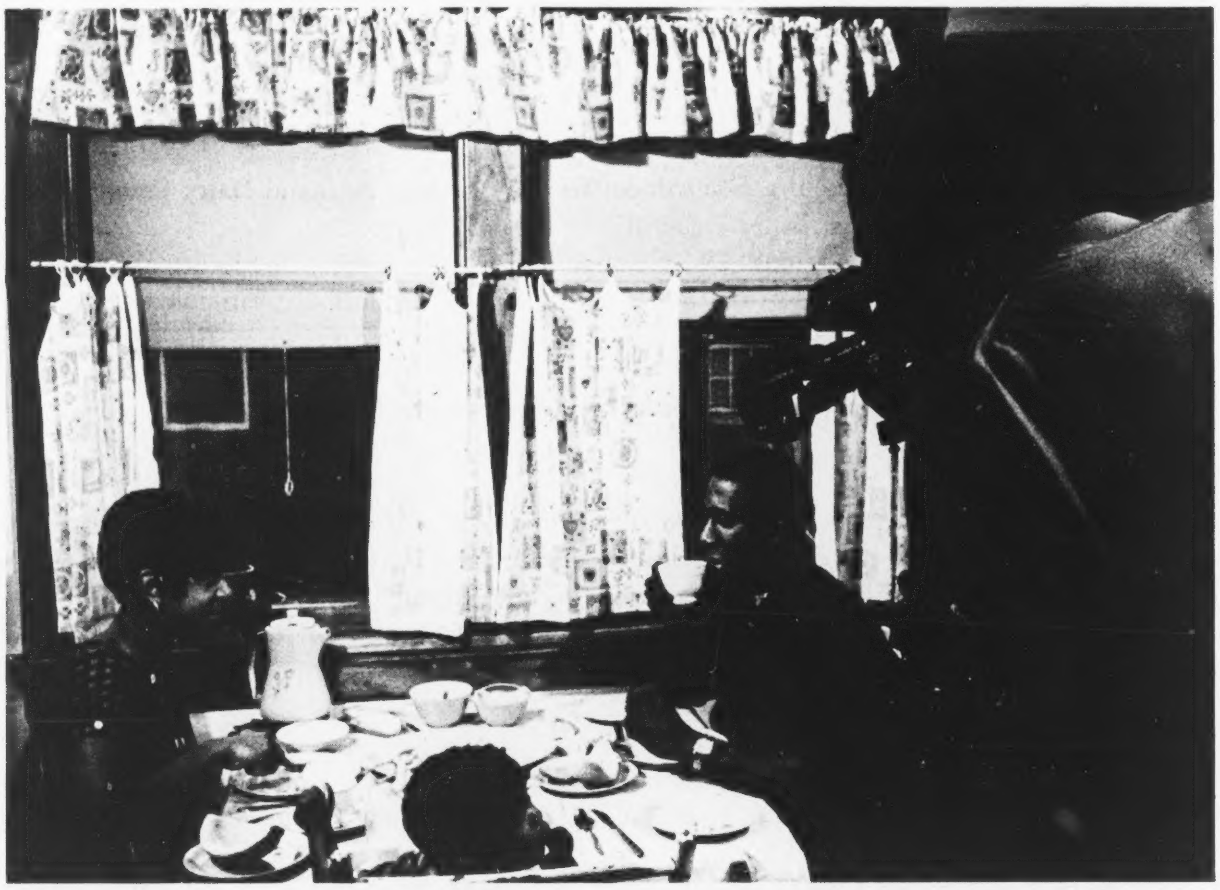
☐ = serving ▯ = ½ serving

			During pregnancy	During breast feeding	
Dairy products	☐	☐	☐	☐	
			During pregnancy		
Protein Foods	☐	☐	▯		
					Including one rich in Vitamin C
Vegetables & Fruits	☐	☐	☐	☐	☐
Bread & Cereal	☐	☐	☐	☐	

Food models or a flannelgraph may be used when considering food preferences, when discussing the substitution of foods within each food group, and when planning well-balanced meals.

Others might include:

1. Planning menus and figuring costs
2. Comparison shopping in grocery stores
3. Food preparation workshops using suggested menus in film (i.e., oven-fried chicken, biscuits from prepared mixes)



Discussion Questions

1. When does the future of your child begin?
2. When should an expectant mother see her physician during pregnancy?
3. In what ways may dairy products be included in your daily needs?
4. How can the suggested diet for pregnancy be modified when the mother has been advised to control her weight? Can she still eat foods that she likes?
5. Why is weight control essential for expectant mothers?
6. Why are the diets of adults often lacking in dairy products, fruits and vegetables?
7. Why is it important to eat a variety of foods?
8. What can be done to aid in meeting nutritional needs when cost of food is a problem?
9. What foods do you eat in addition to those on the food chart?
10. Do you think that it is a good idea to include fruit drinks in your diet during pregnancy? Carbonated beverages?
11. Why is your physician concerned about any cravings that you might have?
12. What part can other family members play in helping to meet your nutritional needs during pregnancy? In helping to meet other needs?
13. Do you think that some mothers might need more than the number of servings of foods in each group that are suggested to be eaten daily?

References

For the Teacher:

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2. *Nutritive Value of Foods.* Home and Gardens Bulletin No. 72, USDA, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 25¢.
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4. *Food.* The Yearbook of Agriculture, USDA, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1959, $2.25.
5. Margaret Mead, *Food and the Family.* New York: United Nations Department of Public Information, Manhattan Publishing Company, 25¢.
6. *A Guide to Good Eating,* poster, with leader's guide. National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606.
7. *Full-Color Food Models,* with or without a Food Model Display Board. National Dairy Council.
8. *Weight Control Source Book.* National Dairy Council.
9. *A Source Book on Food Practices.* National Dairy Council.
10. Ethel Martin, *Nutrition in Action,* 2nd Edition. New York: Holt, Rinehart and Winston.
11. L. Jean Bogart, George M. Briggs, and Doris H. Calloway, *Nutrition and Physical Fitness,* 8th Edition. Philadelphia: W. B. Saunders Co., 1966.
12. Prondfit and Robinson, *Normal and Therapeutic Nutrition.* New York: Macmillan, 1967.

For Class Members:

1. *Food for Fitness.* USDA, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office.
2. *Prenatal Care.* U.S. Department of Health, Education, and Welfare, Children's Bureau Publication No. 4, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1962, 20¢.
3. *What To Eat Before You Are Pregnant, While You Are Pregnant and After the Baby Comes.* National Dairy Council.
4. *Guide To Good Eating* leaflet. National Dairy Council.
5. *Food Record Sheet.* National Dairy Council.
6. *Personalized Weight Control Booklet.* National Dairy Council.
7. *Nutrition Up To Date - Up To You,* GS No. 1, USDA, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office.
8. *Food and Your Weight.* Home and Garden Bulletin No. 74, USDA, Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office.

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Rental-Purchase

Bureau of Audio-Visual Instruction
The University of Wisconsin
P.O. Box 2093
Madison, Wisconsin 53701

Appendix 6

FOODS TO EAT BEFORE THE BABY COMES
(leaflet)

IF YOU ARE GAINING TOO MUCH WEIGHT

DECREASE OR AVOID

THE FOLLOWING FOODS:

Sausage
Bacon
Fried Foods
Salt Pork
Gravy
Mayonnaise
Cream
Potato Chips

Cake
Pie
Cookies
Candy
Sugar
Syrup
Honey
Jelly
Preserves
Jam

Soft Drinks
Beer
Wine
Whiskey

Back

FOODS TO EAT

BEFORE

THE BABY COMES

Front

FOR A HEALTHY BODY

TO PROTECT YOUR HEALTH - EAT THESE FOODS EVERY DAY

Milk. . . . . . . 3 or more glasses
(to drink or in cooking)

Whole Milk
Skim Milk
Butter Milk (from fresh or dried milk)
Dried Milk
Cheese (1 ounce = 3/4 cup milk)
Cottage Cheese
Ice Cream

Meat. . . . . 2 helpings
(2-3 ounces each)

Lean Meat
- Beef
- Pork
- Veal
- Lamb
- Rabbit

Chicken
Fish
Liver
Eggs - (one)
Dried Beans or Peas - (one cup)
Nuts or Peanut Butter

Butter or Margarine. . . 3 teaspoons

Vegetables and Fruits . .5 helpings
(1/2 cup each)

1 to 2 Dark Green Leafy
Turnips Mustards
Collards Spinachs

or Yellow
Carrots Sweet Potatoes
Squash

1 to 2 Citrus
Orange - (one) Cantaloupe
Grapefruit - (1/2) Watermelon
Raw Cabbage Strawberries
Tomatoes

1 to 2 Other Fruits and Vegetables

Bread and Cereals. . . 4 helpings
1 slice of bread or 1/2 cup cereal = 1 helping
1/2 cup of grits, rice, macaroni, noodles or spaghetti also = 1 helping

Appendix 7

Announcement of Prenatal Classes

MOMS WHO ARE EXPECTING

A Series of 7 Free Meetings
about
You and Your Coming Baby

Join Us
Once a Week at One
of the Following Places:

MILWAUKEE COUNTY GENERAL HOSPITAL
8700 West Wisconsin Avenue
(Check at the Information Desk)
Series Begin:
Monday, Sept. 11 at 7:00 P.M.
Tuesday, Sept. 12 at 9:30 A.M.
Tuesday, Sept. 12 at 12 Noon

COMMUNITY PROGRAM CENTER
2208 North 3rd Street
Series Begin:
Tuesday, Sept. 12 at 7:00 P.M.
Wednesday, Sept. 13 at 9:30 A.M.
Wednesday, Sept. 13 at 2:00 P.M.

MOUNT SINAI HOSPITAL
Outpatient Clinic
948 North 12th Street
Series Begin:
Thursday, Sept. 14 at 7:00 P.M.
Friday, Sept. 15 at 9:30 A.M.
Friday, Sept. 15 at 2:00 P.M.

Bring a Mom who is expecting with you to talk with other Moms over refreshments.

For Further Information Call 228-4686

Appendix 8

Excerpts from Written Evaluations by Expectant Mothers Who Attended the Prenatal Classes

"I enjoyed coming to the classes and I attended every class because I found that in each one I learned more and more things that questioned my mind and some things that I didn't even know about. I can honestly say that without coming to the classes I would have had an awful time on my own. I especially enjoyed the tour on a maternity floor and the films. The pamphlets were wonderful, my husband especially enjoyed them and learned alot. My last statement is that I wish the classes weren't over."

"I feel that the classes were good but I feel also they could be improved by stressing more on the care of the baby and not quite so much on the mother. I wish you would have shown in more detail the actual holding of a baby and changing a diaper. I don't know about the others in the class but I have never cared for a baby and would have liked to see these things done. I especially enjoyed the baby bath (using a live baby) because then I saw what would really happen, including sound effects. I did learn alot from the course and also found the literature most helpful."

When asked where they thought it would be best to hold the classes:

"In a hospital, or better yet we could have had classes over to each other's house."

"This location is fine,--anywhere busses run, streets are well lighted, etc."

When asked the time of day that they thought would be best for holding the classes:

"I think the evening, because the day is over and everything is finished."

"For me evening was best because I work."

When asked what helped them most:

"Being able to ask questions without feeling silly, I suppose this was due to the general atmosphere of the sessions."

"I enjoyed the classes and I am sorry I missed the ones I did. I cried sometimes, no one knew it, I hope, because the films helped me reaffirm the fact that I want my baby very much. I thank you very much for all the information. I definitely think the classes are extremely helpful, because no matter how sophisticated a prospective mother thinks she is, I'm sure she could learn something from being in classes like these."

"I think that this is a great opportunity to be in such a class. In many places they don't have classes to teach things that people don't know... Most people that raise their families, raise them the way they did many years ago, so in other words it is a pleasure to learn the modern way without even having to pay."

(A father who attended the classes wrote) "I thought these classes were very interesting. I learned a lot from them. I thought I knew quite a lot about child care but I found out different. I really enjoyed these classes and all the people in them. The idea about calling when someone misses if very good because this is for their benefit. Thank you very much for your time in making these classes possible. See you after the baby is born, if not, before."

Appendix 9

Attendance by Series

	Attendance			
PILOT SERIES - SUMMER, 1967	Expectant Mothers	Fathers	Other Nonpregnant	Total
Mt. Moriah Baptist Church	10	0	0	10
Milwaukee County Hospital	9	0	0	9
Community Programs Center	8	0	1	9
Mt. Sinai Hospital	30	9	4	43
TOTAL	57	9	5	71
TEST SERIES - FALL, 1967				
Milwaukee County Hospital				
9:30 A.M.	1	0	0	1
12:00 Noon	14	0	7	21
7:00 P.M.	0	0	0	0
Community Programs Center				
9:30 A.M.	12	0	1	13
2:00 P.M.	4	0	0	4
7:00 P.M.	7	0	4	11
Mt. Sinai Hospital				
9:30 A.M.	10	0	1	11
2:00 P.M.	4	0	0	4
7:00 P.M.	27 (+1)*	4	8	39 (+1)
TOTAL	79 (+1)	4	21	104 (+1)

*Expectant mother who attended a pilot series and repeated part of a second series.

	Attendance			
APRIL - MAY, 1968	Expectant Mothers	Fathers	Other Nonpregnant	Total
Mt. Moriah Baptist Church	4	0	0	4
Community Programs Center	20	4	3	27
Health Department Clinic-16th St.	17	0	1	18
Mt. Sinai Hospital	38	9	12 (+8)*	59 (+8)
TOTAL	79	13	16 (+8)	108 (+8)

*Group of nonpregnant unwed mothers who attended two classes with their two group leaders, as prearranged.

MAY - JULY, 1968				
Community Programs Center	30	2	12	44
Health Department Clinic-16th St.	20	0	2	22
Mt. Sinai Hospital	26	6	14	46
TOTAL	76	8	28	112

JULY - SEPTEMBER, 1968				
Community Programs Center	13	1	3	17
Health Department Clinic-16th St.	19	1	5	25
Mt. Sinai Hospital	28	8	7	43
TOTAL	60	10	15	85

	Attendance			
SEPTEMBER - OCTOBER, 1968	Expectant Mothers	Fathers	Other Nonpregnant	Total
Community Programs Center	15	1	6	22
Health Department Clinic - 16th St.	38	1	6	45
Mt. Sinai Hospital	41	7	13 (+4)*	61 (+4)
TOTAL	94	9	25 (+4)	128 (+4)

*Four student nurses attended one class.

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